THE LANCET

SPECIAL SUPPLEMENT

IN SUPPORT OF THE

METROPOLITAN HOSPITAL SUNDAY FUND

Published in aid of the Appeal to be made on Sunday, June 12th, 1904.

"Our part is to choose out the most deserving objects . . . the most likely to answer the ends of our charity; . . . when this is done all is done that lies in our power. . . . must be left to Providence."

BISHOP ATTERBURY.

E more the time has come round for us . . . make our Annual Appeal on behalf of . . . e Metropolitan Hospital Sunday Fund, . . . we address a wider public than that by . . . pages of THE LANCET are usually read. . . . ffering poor of London, and those who with . . . ty carry on the hospitals of London in order to . . . rd them relief in time of injury or disease, owe a heavy debt of gratitude to the congregations attending the various places of worship in the metropolitan district on Hospital Sunday, and to all other contributors who have made the Fund what it is. Since 1873 their gift has amounted to something over a million and a quarter sterling; an average has been established during the past few years of which those who inaugurated the Fund and those who now organise it have every reason to be proud, and in each of the last two years all previous records have been exceeded. But if the amounts raised in recent years have been satisfactory, and have on two other occasions doubled some of the modest totals which were attained soon after the inauguration of the Fund in the "seventies," the effort required in order to keep them at this high level, and, if possible, to maintain the same rate of progress, is greater, and the anxiety lest there should be a falling off presses heavily not only upon those who collect and distribute the amount obtained but upon the hospitals who receive it. It is in no spirit of selfish eagerness to acquire credit that those who organise the Fund desire that its annual total should be no lower than on previous occasions; it is because they know that every sovereign that can be obtained is needed, and that any falling off, whether small or great, must be felt in direct loss of efficiency by the hospitals.

We urge no new reason each year for giving: we claim no originality for our reiterated Appeal. It is the old story of the poverty of the poor, and of the suffering of the sick and injured in a huge city where poverty and suffering ever dwell side by side with wealth and luxury. In the great army of our workers there must always be some ready to fall by the way, who, when their physical health fails, can never hope to regain their place in the ranks until health is restored to them. It is on behalf of these that we urge our Appeal for the hospitals. We urge it upon all because poverty and sickness know no distinction of creed and fall alike upon the worthy and upon the undeserving, and we ask it of rich and poor because all can help according to their power, and because in a population of something like five millions the small gifts of the less wealthy will amount to a goodly sum if all can be stimulated to contribute. In 1904 we urge the necessity of a special effort because there appears to us to be a danger lest without it there may be some diminution owing to special circumstances to which we will refer. We urge it not because we can promise to those who give any direct manifestation of gratitude on the part of those who receive, but because they will have as their reward the consciousness of a good act performed, and of the exercise of that kindness which

"like light speaks in the air it gilds."

We have on previous occasions called attention to the necessity that those who annually contribute to the Fund at the places of worship which they attend should not only give themselves, but should do their best that others may not forget, and we venture to reiterate this reminder. Our Appeal is not only to the generosity of the wealthy: it is for the universal contribution of all classes.

periphery. It communicated by a narrow opening with the left lateral ventricle. Neither in the tumour nor in the pus could actinomycetes be found, only staphylococci. The other viscera were normal. The absence of actinomycetes from the tissues examined after death is easily explained. M. Poncet has shown that after secondary infection with pyogenic microbes the fungus disappears from the affected parts. M. Enriquez and M. Sicard could find on record only one other case of primary cerebral tumour due to actinomycetes. In it the actinomycosis was recognised only at the necropsy. The tumour was situated in the position of the third ventricle. The portal of entry was in this case also impossible to find. The patient died comatose without secondary infection about a year after the onset of symptoms. On the other hand, secondary cerebral actinomycosis is well recognised. Out of 19 cases referred to in the classical treatise of Poncet and Bérard cranio-cerebral actinomycosis was due to extension from a cervico-facial lesion in eight and due to metastasis, almost always from pleuro-pulmonary lesions, in 11. This case again shows the value of lumbar puncture in diagnosis—a subject to which we have referred recently. The setting free of the fungus in the cerebro-spinal fluid was probably due to penetration into the dilated lateral ventricle from the tumour. M. Poncet finds that actinomycosis of the nervous system is invariably fatal. The largest doses of iodide are powerless to arrest the disease and the patients do not live beyond some months.

THE FIFTEENTH INTERNATIONAL CONGRESS OF MEDICINE.

A MEETING of the National Committee for Great Britain and Ireland was recently held, Dr. F. W. Pavy being in the chair, and Sir William S. Church, Sir Dyce Duckworth, Mr. Reginald Harrison, and others being present. It was resolved, in view of the confusion and disorder attending the last assemblage of the Congress—attributable, it is considered, to the deviation from former procedure in admitting as members of the Congress others than medical and scientific men—that the attention of those intrusted with the organisation of the forthcoming Congress at Lisbon should be called to the matter. This resolution was forwarded to the President and Secretary-General of the fifteenth Congress which will meet at Lisbon in April, 1906, and the rules just issued show that the qualifications of members are as strictly limited as they were at Paris in 1900. The recommendations of the subcommittee as to the future constitution of the National Committee were approved and it was decided that the committee should consist of a president and two secretaries who should invite the coöperation of (1) His Majesty's chief medical advisers in the Navy, the Army, the Indian Army, and the Lunacy and the Local Government Boards; (2) the Presidents for the time being of each medical corporation in the United Kingdom; (3) the President of the General Medical Council; (4) a professor of the faculty of medicine from each University; (5) the President for the time being of the Royal Medical and Chirurgical Society of London, of the Royal Academy of Medicine in Ireland, and of the Medico-Chirurgical Society of Edinburgh; (6) the President for the time being of the Incorporated Society of Medical Officers of Health; (7) a representative of the National Medical Press Association; (8) eight persons practising medicine and surgery in England (including Wales), four general practitioners from Scotland, and four general practitioners from Ireland; and (9) such other persons as it may be found desirable from time to time to invite to the National Committee. Dr. Pavy was asked to continue in the office of President and Mr. D'Arcy Power as secretary. Dr. Horton-Smith regretted that he was unable to continue to act as secretary. Dr. Clive Riviere was nominated to act in his place and a cordial vote of thanks was tendered to Dr. Horton-Smith for the valuable services he had rendered to the National Committee during his tenure of office. It was proposed by Dr. J. F. Sutherland that, in order to allay the feelings of irritation and disappointment rankling in the minds of those who attended the Madrid Congress, and to reassure these and others who may contemplate attending the Lisbon Congress, the honorary secretaries should be instructed to send a note to THE LANCET and the *British Medical Journal* to the effect that the British National Committee intends to supervise the comfort and convenience of congressists. The committee hopes to prevent or to reduce to a minimum at the Lisbon meeting the annoyance, discomfort, and disappointment experienced in Madrid in regard to travelling facilities, lodging accommodation, and so on, and to attain this end it is desirable to have a local British committee to keep in touch with the executive of the Lisbon committee. The proceedings terminated with a vote of thanks to the Medical Society for its kindness in putting the society's rooms at the disposal of the British National Committee.

THE INFANT ORPHAN ASYLUM AT WANSTEAD.

IN another column of our present issue we publish two important letters relative to precautions against the occurrence of infection among the children in the Infant Orphan Asylum at Wanstead. We think that many friends of that long-established institution will regret that the committee has adopted a course so incompatible with the expressed opinions of the medical staff. In view of the universal liability of young children to scarlet fever, measles, and whooping-cough and the havoc that has often been worked by outbreaks of contagious eye disease among children in Poor-law institutions, no effort should be spared in the early detection and isolation of such cases. A number of schools, both public and private, recognise this fact and make provision accordingly but the committee of the Orphan Asylum, where many of the children are of tender years, not only declines to provide an isolation building but has dismissed the staff of trained nurses.

THE FORD-PALLISER DRINKING TANK.

UNDER the heading of "The Services" in THE LANCET of May 21st p. 1458, we briefly referred to some inventions of medical interest which were shown at Bisley on May 17th, one of them being a water cart with appliances for rapidly boiling water in large quantities, thus minimising the risks of infection with enteric fever. The essential feature of this water-cart, which has been called by its designers the Ford-Palliser (Anti-enteric) drinking tank, is a tubular boiler-tank heated by ordinary paraffin oil. In this apparatus 50 gallons of water can be boiled in an hour while the cart is in motion, the tank being kept level by means of a gimballed arrangement. A second tank with interior cells containing a solution of saltpetre is connected with the boiler and is used for cooling purposes. Water which has been exposed to any kind of microbic or organic contamination is well known to be improved immensely for drinking purposes by mere boiling. If therefore it is found practicable under the conditions of a campaign to boil water rapidly whilst the cart is in motion and to distribute this water by the ordinary water carts to the troops in the field, a great advance will almost certainly have been made in protecting the men from enteric fever. Among those who witnessed the exhibition at Bisley were Lieutenant-Colonel A. M. Davies, from the Army Medical Headquarters staff, Major T. C. McCulloch, R.A.M.C., Colonel Robinson, officer commanding the Royal Army Medical Corps Depôt, Aldershot, Lieutenant-Colonel

C. R. Crosse, secretary of the National Rifle Association, Count von Schulenburg, German military attaché, and a representative of the United States Embassy. Major Palliser, late 7th Hussars and Canadian Militia, and Lieutenant-Colonel R. W. Ford, D.S.O., R.A.M.C., were also present, the appliances having been constructed under their joint advice by Cammell, Laird, and Co. of Sheffield and the Albion Lamp Company.

THERE will be found below the plain and unvarnished tale of the proceedings at the Central Midwives Board from the pen of Dr. W. J. Sinclair, a member of the Board and one of our foremost authorities on obstetrics, gynæcology, and education in these subjects.

THE prize distribution at the medical school of St. Thomas's Hospital will be held in the Governors' Hall of the hospital on Friday, June 24th, at 3 P.M. Sir Thomas Barlow, Bart., K.C.V.O., M.D. Lond., will give an address and a garden party will follow in the grounds.

THE commemoration day proceedings of Livingstone College, Leyton, will take place on June 9th. Professor G. Sims Woodhead will preside at a meeting at 3.30 P.M. in the grounds of the College and will formally open the new laboratory which has been arranged in the College.

THE Bolingbroke lecture of the South-West London Medical Society will be delivered on Thursday, June 9th, by Dr. W. H. Allchin on Some Special Features of Diseases of the Colon, at the Municipal Buildings, Lavender-hill, at 8.45 P.M.

CENTRAL MIDWIVES BOARD.

BY W. J. SINCLAIR, M.D. ABERD.

IT will be satisfactory to many readers of THE LANCET to learn that at the meeting of this Board on Thursday, May 26th, a motion was carried to the effect "that reporters of the recognised medical and nursing journals be invited to attend the meetings of the Central Midwives Board." But for the adoption of this motion I should have felt compelled to raise the veil which has so long concealed proceedings affecting so many important interests and to assume the duties of descriptive writer until relieved by professional reporters from the self-imposed but ungrateful task. Now that reporters are to be admitted it seems to me to be sufficient to state, with your permission, my estimate of the existing position of affairs, while explaining some facts and recent incidents which have produced the present situation. In future your readers interested in the administration of the Midwives Act will be able to follow events by the perusal of what they can confidently assume to be incontrovertibly accurate and unbiased reports of proceedings.

The "Midwives Act, 1902," was a sadly defective piece of legislative work. It incorporated in an Act of Parliament the policy of the Midwives Institute as distinct from, and even in opposition to, the interests of the medical profession and, as I strongly believe, the interests of the working-class public of England and Wales. The amendments suggested by the medical profession in Great Britain could be ignored by the sponsors of the Bill, while for reasons, transparently clear at the time of the final Parliamentary struggle, the opposition of the Irish Members was weakened by illusory and temporary concessions to the Irish schools of midwifery.

One of the most obvious defects in the Act, which at the same time clearly revealed the influences at work, was the constitution of the Central Midwives Board created to administer the Act. The Board proposed in the Bill of 1900 would have been representative, strong, and efficient; the most zealous partisan supporter of the Act of 1902 could hardly say the same of the now existing Board. This Board, created to control purely medical affairs, was so constituted that three at least of its members must be non-medical women, and of the total of nine members five might not belong to the medical profession. For purposes of representation the Incorporated Midwives Institute was placed on a footing of equality with the Royal College of Physicians. The Act contains provisions which imply the most tender solicitude for the midwife; it is ominously silent where the interests of the medical profession are concerned. The midwife, having made her own arrangements with her client, is required to send for medical assistance in certain contingencies, but there is not a word about the remuneration of the medical practitioner who responds to the summons and comes to the rescue. Contrast this with the explicit enactment with regard to legal expenses incurred in the administration of the Act (Clause 15). Again, the authors and sponsors of the Bill obviously contemplated that the Central Midwives Board should consist of merely a London coterie, for there is no provision for the payment of expenses incurred by members, as in the case of the General Medical Council, and no regulations with regard to meetings of the Board are even hinted at. Consequently the two country members must submit to mere harassment or fail to perform the duties which they have undertaken. They are required to attend once a month or oftener meetings of the drawing-room type, with afternoon tea, for a short time after lunch, to sacrifice a day's work when called upon, and to pay all the contingent expenses. It may be objected that these are paltry domestic details any reference to which should be beneath the notice of a member of the Board. I hold a different opinion, else I would not mention them. They seem to me to be of the essence of the efficiency of a board created to administer an Act of Parliament affecting the whole of England and Wales, and I maintain that the proceedings of a statutory board ought to be arranged for and conducted in a manner adequate to the dignity of its origin. When the Board thus constituted commenced to frame rules and regulations for midwives the policy underlying the Act soon became evident. The fee for the enrolment of certain classes of midwives was fixed at the paltry sum of 10s. and the fee for examination at one guinea. This decision was certainly in the spirit and partly in compliance with the letter of the Act, but it should be remembered in judging Act or rules that these sums included the total expense of obtaining a privileged position which was to secure special advantages for earning a professional income.

Let us now look for some of the evidence of a policy contained in certain rules which were framed by the majority of the Board, even if some of them had to be greatly modified or abandoned before the completed rules were forwarded to the Privy Council for approval. They refused to sanction any rule requiring pupil midwives to prove the possession of some definite minimum standard of common school education, fixing any minimum period for training, specifying the minimum number of lectures or lessons comprised in a course of systematic instruction, or giving clear and exact instructions with regard to the contingencies which would demand an appeal for medical assistance during parturition or in the course of the puerperium. On this last head the matter was to be left to the judgment of the midwife. She was to send for a medical practitioner only when in her opinion the progress of the woman or child was "not satisfactory." Under such loosely framed regulations it would have been next to impossible to make even the most ignorant and negligent midwife answerable for her conduct. On the other hand, some regulations originally framed to magnify the office of midwife were definite enough. She was, for example, required to baptise feeble babies in certain events, and she was always to produce conjunctivitis by irritants introduced even before complete birth as a prophylaxis against gonorrhœal ophthalmia. Several of the worst defects in the rules were remedied owing to the acceptance by the Privy Council of suggestions embodied in a "minority report" signed exclusively by medical members of the Board. But still the rules are stamped with the policy of the Midwives Institute; it is to be made cheap and easy for a humble and illiterate class of female persons to become midwives when so disposed; and they are to be relieved, as far as a sympathetic and benevolent interpretation of the Act will permit, from irksome restrictions inserted in the interests of mere child-bearing women of the working classes.

Owing to an accidental interruption at this stage of my letter I have had the timely opportunity of reading in THE LANCET of to-day (May 28th, p. 1543) a concise report of the proceedings of the "Association for Promoting the Training and Supply of Midwives"; kindly permit me the liberty of making short quotations from this instructive report: "The chair was taken by Miss Wilson, president of the Midwives Institute and member of the Central Midwives Board." "Free or assisted training was given by the association." "Reference was made to the training home at East Ham in connexion with the Plaistow Maternity Charity started by the association last year." "The sum of £1000 would train 50 midwives." This report is to me a curious revelation of fact explaining the antagonism of principles in the Central Midwives Board which has hitherto been to me only a distressing phenomenon—on the one hand, the benevolence of a certain largely non-medical contingent towards illiteracy and inefficiency generally; on the other, the futile struggle of a medical minority to raise the standard of education so as to secure a better quality of midwife in the future. During the long agitation to obtain an Act of Parliament for the education, registration, and medical supervision of midwives, who ever heard a complaint about the lack of women ready to assume the name and functions of a midwife? Every argument in favour of every Bill was founded tacitly or explicitly on a promise to eradicate forever the ignorance and consequent incompetence which were the roots of all the worst scandals arising from the practice of midwives. But the policy and methods of the Midwives Institute do not possess even the germs of progress. What good to the community can come from encouraging a class of women who develop a thoughtful turn of mind only owing to their inability to read! We may well despair if the midwife of the future is to be turned out in 14 weeks at the average cost of £20 a head.

Coming now to the present situation, as far as the actual proceedings of the Central Midwives Board are concerned, it appears to me that the first question demanding attention and solution is the dispute between the Dublin lying-in hospitals and the Central Midwives Board. There are two points at issue: (1) the efficiency of the practical teaching of pupil midwives narrowed down to a question as to the number of patients to be personally and exclusively delivered by the individual pupil before she can receive certain certificates; and (2) the number of days after labour during which the pupil must have the patient under observation so as to gain sufficient knowledge of the puerperium.

1. For a clear understanding of this difficulty the wording of the rules of the Central Midwives Board must be kept in mind. One of the certificates which the candidate must put in before admission to the examination is to the effect that she has, under approved supervision, "attended and watched the progress of not fewer than 20 labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient" (Rules, Form III.). Such a rule as this, applied as it has been to the exclusion of the Dublin schools of midwifery, is, in my opinion, impracticable and even mischievous. It has been interpreted literally to imply that each individual pupil has attended at least 20 cases, no one of which has been reckoned for the certification of any other pupil. It is not conceivable that this rule could ever have been so framed and interpreted and enforced by a board consisting of medical men or women experienced in the details of the training in obstetrics of students of medicine and midwife pupils, and capable from professional experience of appreciating the reasons for some rule. Such a rule, interpreted literally, is not in force in any school of midwifery in Europe or America. It almost compels evasion or at least interpretation according to the dictates of practical common sense. Everyone engaged in the actual clinical teaching of midwifery must know that two or even three pupils learn more individually from a single case than the solitary student. They sharpen one another's wits by conversation about the case and by comparison of observations, and there is consequently constant exact sustained attention, and no shirking or apathy.

The training of midwives at the Dublin lying-in hospitals is notoriously the best in the United Kingdom. The pupils "reside for a period of six months in the hospital" and receive systematic instruction during the whole term of residence far superior to the requirements of the Central Midwives Board. Probably in the consciousness of this superiority the Master of the Rotunda Hospital replied to interrogatories in a frankly truthful fashion, and the consequence is that, on this narrow technical point in a rule recently formulated, the Dublin hospitals are declared by a majority of the Central Midwives Board to be disqualified from granting to their pupils the certificates necessary to enable them to enter for examination. The unfitness of the Board as at present constituted to exercise judicial functions is well illustrated by the somewhat irrelevant but suggestive remark of one of the members during the discussion of the question to the effect that the Dublin people send out too many midwives, and by the rhetorical question in the course of a formal speech by another member: "Are we going to climb down?"

2. The second point to which I wish to call attention in the difficulty with the Dublin institutions is a very attenuated difference indeed. The Central Midwives Board in drafting its rules thought that ten days was a reasonable time for a pupil midwife to be required to nurse her 20 patients in the puerperium. As all practitioners know there is no special scientific sanction for *ten* days. The period finally fixed was the result of a compromise. Accordingly the candidate before admission to the examination must send in a certificate that she has "nursed 20 lying-in women during the ten days following labour" (Rules, Form IV.). Now this rule was framed in blank ignorance of an important fact with which the Board became acquainted for the first time only on hearing a letter read from the Master of the Rotunda Hospital, writing in his official capacity. He stated *inter alia*: "It would be impossible for our resident nurses to follow the course of the puerperium for ten days, as Irish women will not remain in the hospital for more than eight days." I cannot believe that a single medical member of the Central Midwives Board would have voted in favour of fixing ten days as the minimum period of nursing in the puerperium if it had been known at the time of framing the rules that the Dublin lying-in hospitals would have been excluded in consequence. But now, "Are we going to climb down?"

The Dublin grievances were discussed after the reading of a letter from the President of the Royal Academy of Medicine in Ireland at a meeting of the Board held on Feb. 25th when eight of the nine members were present. To a mere *non-possumus* motion to the effect that "the rules ..... having been approved by the Privy Council it is impossible for the Board to alter them," one of the usual minority proposed and another seconded an amendment regretting that the Board was not made aware of the circumstances of the midwifery training schools in Ireland before the rules were sent to the Privy Council for approval, and stating "that this Board sympathises with the Irish institutions in their difficulties and will give every assistance in order to obtain a revision of the rules by the Privy Council." For this amendment only the proposer and seconder voted; against it five members. For the "it is impossible" motion then put substantively there voted six; against it the same two.

Owing to the persistence of the authorities of the Dublin lying-in hospitals the question came up again on April 28th, and although an excellent way out of the difficulty was proposed in a resolution by one of the lay members the result was practically the same. The subject was again under consideration on May 26th on a motion which appeared to indicate a weakening of the opposition but in reality offering no practical help to the Irish institutions. For an amendment once more offering sympathy and assistance there voted only the same old two; all the rest were opposed. That is how this question stands at the present moment.

Yet the Central Midwives Board is not always so pedantically exact in guiding its conduct by its own rules. In the printed minutes of the meeting of March 24th, which I was unable to attend, I read the following record: "Mrs. H—— stated that she had not undertaken cases without doctors but had been advised by a medical man that she need not be afraid to do so, and added that she herself did not feel in any way afraid of so acting." Curious and by no means lucid as the diction is, the Board appears to have grasped the intention of the applicant and resolved:—

> That in the opinion of the Board it is desirable that Mrs. H—— should be certified, as it appears from her letter that she is quite prepared to take a case alone.

An example of the proverbially fatal mistake of assigning the reason for a judgment! What untrained midwife was

there ever yet who was not "quite prepared" to undertake a case, and preferably "alone"?

This episode appears to have taken its origin and reached its remarkable conclusion under the item "correspondence" on the agenda paper received by the members. "A letter was read from the deputy clerk" of a county council inclosing an inquiry from this Mrs. H—— and the resolution quoted above was passed without more ado. The printed minutes received a month later afforded me the first and only information regarding this almost incredible violation of the rules. One of the certificates, which such an applicant for admission to the Midwives Roll is required by the rules to supply with her application, is according to Form VIII.: "I hereby claim to be certified under Section 2 of the Midwives Act on the ground that I have been in *bonâ fide* practice as a midwife since ——," one year at least before July 31st, 1902; and the application must be supported by a certificate in Form IX. that she "has, to my personal knowledge, been in *bonâ fide* practice as a midwife since ——," one year at least before July 31st, 1902, "and that she is trustworthy, sober, and of good moral character." But this applicant appears to have produced no evidence whatever except a statement as to her own mental condition, that of self-confidence, and a second-hand opinion from an anonymous medical man. Moreover, she testified to the Board against herself to the effect that she was practising as a monthly nurse and had not been at any time in *bonâ-fide* practice as a midwife. Contrast the levity and inconsistency of the resolution of the Board in this case with its persistently correct and severe attitude towards the Dublin lying-in hospitals. The resolution of the Board to dispense with certificates when the applicant is avowedly a monthly nurse "quite prepared to undertake a case alone" is a breach of its own rules; it contravenes or evades the intention of the Act, and but for the imbecility of the definition of a "midwife" contained in the Midwives Act it would have been without question in direct contravention of the statute.

To another grave decision of the Central Midwives Board I desire to call the attention of the medical profession without further delay. At the meeting of the Board held on April 28th a motion was introduced by a lay member to the effect that the Board considers it desirable "to appoint an inspector to visit institutions applying for recognition and to report thereon." The proposer of this motion explained that by the term inspector she meant "a trained woman." It is fair to assume that the intention was to appoint a midwife. A few months ago it was proposed from the same quarter that midwives should be authorised to give the courses of systematic instruction to pupil midwives. This proposal was not carried, and consequently no one can be authorised to give the systematic instruction in midwifery who is not a registered member of the medical profession. But by the recent resolution the "trained woman" who is to be appointed and sent to inspect will have, no doubt, to report on the efficiency of the teaching of those qualified men and women who are engaged in giving systematic instruction to midwives in our lying-in hospitals, on the character of the equipment and organisation for systematic and clinical teaching, the sufficiency of the staffs, the sanitary arrangements of the hospitals, including the air space per bed, and other cognate matters. It was strongly objected by one of the minority that such an appointment was not likely to result in efficient inspection and reliable reporting, and that it would be a slight to the medical profession generally and an insult to the individual lecturer to have an inferior order of non-professional person thrust upon him or her as a reporter. It was also pointed out in opposition to the resolution that the county councils and county borough councils have almost universally appointed their medical officers of health as executive officers for the administration of the Midwives Act, and considering the local knowledge and the independent position of such medical officers *confidential* reports from them concerning institutions within their areas could be entirely relied upon by the Central Midwives Board as unbiased, accurate, and trustworthy. On the other hand, the irresponsible report of the "trained woman" could not be relied upon unless it was intended for publication, and probably not even then. On a vote being taken with seven members present three voted for the resolution, two of them being non-medical members, and one voted against it. Three members, two of them medical men, declined to vote. So the resolution was carried. None of the proceedings of the last 18 months more thoroughly demonstrates the defective composition and the consequent bias and sort of moral incompetence of the Central Midwives Board. On an important question of principle like this, involving a kind of degradation of the medical profession and magnifying the midwife's office, three men out of five present, not taken at unawares because the motion had been repeatedly on the agenda paper, refused to vote; and so this serious decision was carried by the votes of one-third of the whole Board, only one of the four medical members present recording his vote against it.

But there appears to be even a worse thing in store for us. Probably at the next meeting in June the report of the standing committee on the examinations to be instituted by the Board will come up finally for consideration. The meeting of the standing committee, which sent its unanimous recommendations to the ordinary meeting of the Board, consisted of four London members, two of them being medical men. There are still two non-medical members in reserve, so at a full meeting a majority supporting the standing committee will be almost certainly secured. *Inter alia* it recommends under the head of examinations "that one or more women who hold, or have held, the post of matron of a lying-in hospital, or midwife if otherwise qualified may be appointed examiners." The only reason for this decision that I have heard stated in the Board is that it will be necessary to include "bed-making" among the subjects of examination. So at the beginning of the administration of an Act of Parliament which was brought into existence because of the notorious ignorance and incompetence of English midwives it is seriously proposed to grant to the Midwives Institute the privilege of nominating as examiners its own protégées, women with untrained intellects and equipped with only midwife, *Scotice* "howdy," knowledge and experience, to set the standard of examinations and to take their places on examining boards on equal terms with qualified practitioners and teachers of midwifery. Surely the examining boards and reporters on examinations ought, in the early stages at least, to be exclusively composed of medical men and women. The professors of bed-making might gracefully postpone the assertion of their claims and wait a while until the system of examinations in mere midwifery has been set on its legs and has had a fair start.

The medical profession should keep a critical eye on the recognition by the Central Midwives Board of institutions as training schools and of individuals as teachers of midwife pupils. An abuse of considerable magnitude appears to be in course of creation. To the credit of the Board it may be recorded that there is some hesitation with regard to workhouse infirmaries, but, on the other hand, it seems that hardly anyone of the "ladies' charity" type of institution is too ill-organised, inefficient, or untried and paltry to escape recognition as a school for the training of midwives. As to the professional instructors or lecturers on midwifery I have so far failed to discover any principle guiding the decisions of the Board either in the recognition or the rejection of applicants. As matters are shaping at present there must be at no very distant time a teacher of midwifery in every township. The only satisfaction in contemplating extravagant proceedings is the rather remote prospect opening out behind them, that a reconstituted board must act on diametrically opposite principles and reverse the policy of its predecessors by compelling aspirants for privileges which will secure most of them a professional income for life or good conduct, to seek their professional training within efficiently equipped institutions in the great centres of population and of intellectual activity. There is, however, still some room for the hope that wiser counsels may yet prevail under the enlightened and benevolent criticism of the medical profession, now at last enabled to watch events, and by unofficial advice and assistance minimise the injury to the public interests resulting from the inadequate representation of their profession on the Central Midwives Board.

Manchester.

WEST OF ENGLAND EYE INFIRMARY, EXETER.—A three days' bazaar in aid of the funds of the West of England Eye Infirmary, Exeter, was formally opened by Lady Clifford of Chudleigh on May 25th, in the presence of a large gathering. The infirmary is greatly in need of funds as recently the governors had to sell about £6000 worth of their capital in order to pay off the debt on the new building.

Looking Back.

FROM

THE LANCET, *SATURDAY*, June 3, 1826.

FOREIGN DEPARTMENT.

Physiology.

*Inspiration the principal Agent in Venous Circulation.**

WE noticed, in a former number,† the experiments of Dr. Barry on this interesting subject, and it is principally for the purpose of attending to a practical suggestion afforded by these experiments, that we now return to them. As might be naturally expected, ever since Dr. B. made known his views on the influence of respiration on circulation, it has been attempted to detract from his merits, by asserting that the same thing had been known long before. The great difference, however, between Dr. Barry's views and those of Haller, and others on this point is, that the latter regarded the heart as the primitive cause of the vacuum which operates in the system, whilst Dr. B. attributes the dilatation of the heart itself, and of its proper auricles, to the tendency to form a vacuum which takes place in the whole cavity of the chest during inspiration. In the Report accompanying this memoir there is a subject alluded to of the highest importance, viz., that the act of inspiration which produces the vacuum, and consequently the flow of blood into the cavity of the thorax of those animals which have lungs, is not sufficient to explain the movement of the blood in the veins of reptiles and fishes, which have another mode of respiration, the same coincidence of action not taking place between inspiration and the entrance of venous blood into the heart.

M. Barry is so strongly convinced of the action of the atmosphere on venous absorption, that he regards, as a sure means of preventing the absorption of poison into the system from wounds, the application of a cupping glass on the injured part. From experiments made with reference to this point, the opinion has been verified; nay, more, it has been found that the application of a cupping glass to a poisoned wound, even after a part of the poison has been absorbed, prevents the development of any bad symptoms. Although it appears that the remedy was not unknown to Celsus, still we are indebted to Dr. B. for an explanation of the principle on which its modus operandi depends.

Monstrosities.

M. Geoffroy Saint Hilaire, in a recent meeting of the Academy of Medicine, communicated verbally some very curious details on the various anomalies in the organization which result from the different positions of the egg submitted to incubation: thus, for instance, the vertical position, impeding the development of the chicken, produces a peculiar kind of monstrosity. M. G. St. Hilaire has promised fresh details and experiments, which we trust will throw some important lights on the formation of the different monstrosities.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.

A SPECIAL general meeting of this association was held on May 25th at 11, Chandos-street, London, W., to consider the disabilities of the Irish Poor-law medical service.

The chair was taken by Dr. H. MACNAUGHTON-JONES who said that he was qualified to speak on this subject as he had been for several years a Poor-law medical officer both in a large city and in a country district and had nearly lost his life in the discharge of his dispensary duties. The complaints of the dispensary medical officers might be classified as follows: (1) the abuse of dispensary tickets; (2) no allowance for travelling expenses; (3) no definite arrangement for annual vacation; (4) no superannuation or pension for the widows and orphans of those officers who lose their lives in the discharge of their duties; and (5) no arrangement for extra professional service. The Chief Secretary for Ireland had taken a definite stand on the recent report of the Local Government Board for Ireland and in reply to a question asked by Dr. E. C. Thompson in the House of Commons stated that the report contained all the information required. There was evidence that the Local Government Board was aware of the disaffection existing in the medical service but it did not venture to express its sympathy with the medical officers while being in full sympathy with those boards of guardians who might desire to improve the condition of the medical officer. The Board proposed to meet the demands of the officers by reducing their number and uniting the dispensary districts, so in this way increasing the duties and responsibilities of the few remaining officers.

Surgeon-General C. MACD. CUFFE, C.B., A.M.S., stated that he felt strongly on this subject and after reading the recently published report of the commissioner sent to Ireland by the British Medical Association was indignant when he considered the manner in which his brother medical officers in Ireland were treated by the administrators of the Poor-law medical service. This service would never be efficient until it was made a State service and the admission was regulated by competitive examination. At present medical officers served under persons who were entirely out of sympathy with their work. Then as to private practice in remote districts he considered it a farce to make such a suggestion, as there was either none to be obtained or so much time was occupied in travelling over the district that the medical officer could not undertake any private practice. He could not understand why medical men adopted the service and considered that it ought to be boycotted by all the medical schools in Ireland and all students should be discouraged from entering it until the present conditions were improved. It was undignified for any medical man to accept £100 a year for his services when the cost of living and education had increased so much. The medical officers had his sympathy.

Dr. J. M. TABUTEAU stated that he had been a medical officer under the Local Government Board for Ireland for nine years and he considered that his circumstances were better than the majority of his brother medical officers. He went to his appointment fresh from his hospital and full of enthusiasm for his work, willing to do his best for the poor people. He soon found his efforts frustrated and that amidst conflicting interests he could neither do justice to his patients nor credit to himself. He did not know of any service which was more likely to sap the strength morally and physically of any young man than the Poor-law medical service of Ireland.

The following motion was then put to the meeting and carried unanimously:—

That this special meeting of the Irish Medical Schools' and Graduates' Association having before it the recently issued report of the Local Government Board for Ireland on the Irish Poor-law medical service desires to express its opinion that the attitude of the Board as stated in that report does not adequately deal with the reasonable demands of the Poor-law medical officers and offers no permanent settlement of the difficulties now disturbing the relations between the public and the Poor-law medical service.

Mr. P. J. FREYER said that the recent report of the commissioner of the British Medical Association revealed facts which formed pathetic reading and almost moved one to tears. He considered that the position of the Poor-law medical officer was a disgrace to humanity and no one ought to be placed in such a position where it was impossible to perform his duty to his patients who were of the poorest and most destitute class. The amount of salary given was about equivalent to that allotted to the constabulary officer for the keep of one horse and no one could efficiently serve the sick poor in such circumstances. He proposed:—

That this special meeting of the Irish Medical Schools' and Graduates' Association desires to express its hearty sympathy with the laudable efforts of the Irish Poor-law medical officers to improve the present condition of the Poor-law medical service in Ireland.

Dr. HUGH WOODS seconded the motion and said that the grievances of the medical officers were obvious and the pay was totally inadequate. The remedy, however, seemed to him to be evident and that was combination and coöperation among the medical men themselves.

The motion was carried unanimously.

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* Recherches Experimentales sur les Causes de Mouvement du Sang dans les Veines, par David Barry, M.D., avec le Rapport de M. le Baron Cuvier et de M. le Professeur Dumeril. Paris, 1825.

† Vide LANCET, Vol. X., No. 5, p. 140.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

WEDNESDAY, MAY 25TH.

THE seventy-ninth session of the General Medical Council was opened at the Council Chambers, Oxford-street, London, W., on May 25th. Sir WILLIAM TURNER, the President, occupied the chair. After the President had delivered his inaugural address, which was reported in THE LANCET of May 28th, the Council proceeded to the business of the session.

Business Committee.

Sir JOHN BATTY TUKE moved the appointment of the following Business Committee: Dr. MacAlister (chairman), Dr. Windle, Dr. Bruce, and Sir Christopher Nixon. Dr. LITTLE seconded the motion which was agreed to.

Yearly Tables Submitted.

On the motion of Dr. MACALISTER the following yearly tables were received and entered on the minutes:—

(*a*) I. and II. tables showing results of professional medical examinations during 1903; (*b*) table showing results of professional examination for qualifications in sanitary science, public health, or State medicine during 1903; (*c*) table showing results of professional dental examinations during 1903; (*d*) table showing results of preliminary examinations during 1903; (*e*) answers sent by the medical authorities as to the exemptions granted by them in any part of their examinations during the year 1903; (*f*) table showing results of competition held on Nov. 16th, 1903, for commissions in the medical staff of the Royal Navy; (*g*) table showing results of competition held in January, 1904, for commissions in the Army Medical Service; and (*h*) table showing results of competition held in January, 1904, for commissions in the Indian Medical Service.

Sir PATRICK HERON WATSON moved:—

That the thanks of the Council be conveyed to the Director-General of the Medical Department of the Royal Navy, the Director-General of the Army Medical Service, and the Under-Secretary of State for India, respectively, for the returns which they have respectively again furnished to the Council, with the request that these returns may in the future continue to be furnished to the General Medical Council.

The motion was seconded by Dr. MCVAIL and agreed to.

Appointment of Assistant Examiner.

On the motion of Sir HUGH BEEVOR, seconded by Mr. MORRIS, it was resolved:—

That Mr. Charles Stonham, F.R.C.S., be appointed as assistant examiner in surgery to the Apothecaries' Society of London for a period of four years, vice Mr. Marmaduke Sheild, who retires by rotation.

The Inspector of Final Examinations.

Dr. MACALISTER moved that the following report from the Executive Committee in regard to the inspection of examinations should be received and entered on the minutes:—

The Executive Committee report that they have appointed Mr. Bryant to be inspector of final examinations during the year 1904 and they recommend that in view of the additional duties devolving on the inspector in consequence of the re-inspection of certain bodies the salary of the inspector for the present year should be £250.

Sir PATRICK HERON WATSON seconded the motion which was agreed to.

In moving the adoption of the report Dr. MACALISTER said that the Council had remitted to the Executive Committee to appoint the inspector of final examinations but the standing order provided that the stipend in the ordinary cases should be £200 a year. The Executive Committee thought that there were exceptional circumstances in this case which rendered it desirable that the salary should be somewhat greater. On the death of Sir George Duffey only one half-year's stipend was paid to him. Mr. Bryant would have to complete the inspections which were not carried out, and as his year's duty would really include the duty of one half-year more the committee recommended that the salary for the year should be £250.

Sir CHRISTOPHER NIXON seconded the motion.

Sir VICTOR HORSLEY said he did not recollect that this important matter was remitted to the Executive Committee. In any case he must enter somewhat of a protest against this appointment. If the appointment was only for one year that, of course, mitigated any evil he imagined would exist. He contended that they ought to appoint as inspector of final examinations a man who was in touch with the schools and with the hospitals. It was 15 or 16 years since Mr. Bryant resigned his position at Guy's Hospital and he thought that they could have done better by appointing not a gentleman who was so recently a member of the General Medical Council but a younger man.

Mr. BROWN agreed that if they were to appoint an inspector of final examinations he ought, in justice to the candidates, to be up to date. Mr. Bryant could not be expected to be so efficient an inspector as one who had been in touch with modern methods. He asked whether Mr. Bryant would be required to attend the final examinations of the Apothecaries' Hall of Ireland and said that they ought to have some information as to the examinations which he would attend.

The PRESIDENT said that these were the Scottish Universities and the Universities of London and Oxford. Mr. Bryant's appointment was really to complete the cycle and for that purpose only. He did not wish to re-argue the reasons why Mr. Bryant was selected. He had already given those in his address and nothing that he had heard had led him to alter his opinion.

The report was adopted.

Dental Business.

Dr. MACALISTER moved that the report from the Executive Committee on the dental business transacted since the last meeting of the Council should be received and adopted. The first paragraph stated that the prescribed conditions having been duly fulfilled in each case the names of the following persons had been restored to the Dentists Register from which they had been erased in conformity which the provisions of Section 12 of the Dentists Act, 1878: Reuben Davis, George Neep, Ellis Parsons, William A. Sleigh, and Alice Wilkinson. In paragraph 2 it was explained that the committee had considered an application from Mr. James Dickson Hamilton, a registered dentist of New South Wales, requesting that his name might be placed on the colonial list of the Dentists Register of the United Kingdom and directed that this application should be referred to the General Medical Council and that Mr. Muir Mackenzie should frame an answer for the consideration of the Council. This, said Dr. MacAlister, would be laid before the Council. Paragraph 3 stated that the committee had also considered an application from Mr. Edwin Burton Roper, a dentist of British nationality but domiciled in France, requesting that his name might be placed on the foreign list of the Dentists Register in virtue of his French diploma of Chirurgien Dentiste, which he had obtained after passing three examinations held by the Faculté de Médecine de Paris. This was the first instance of the kind and the merits of the diploma would have to be investigated. The next paragraph chronicled the receipt from the Privy Council Office of a copy of a circular respecting a dental congress at St. Louis, U.S.A., to be held in August next. Paragraph 5 was to the effect that the committee had received from the Colonial Office a copy of an ordinance of the Orange River Colony on the subject of the registration of medical practitioners, dentists, chemists and druggists, midwives, and nurses in that colony which embodied the provisions contained in a proclamation which had been transmitted to the Council in 1902. The Executive Committee, Dr. MacAlister interpolated, expressed its great satisfaction with the provisions which were included in the ordinance, provisions which would be well included in any legislation on the subject that might be undertaken in this country because they absolutely prevented unqualified practice in any of the departments of medicine, dentistry, and so on, and, more than that, they took precautions which seemed to the committee to be sufficient to prevent practice by joint-stock companies. The committee had thought it well to communicate to the Secretary of State for the Colonies its satisfaction at the character of the ordinance. The only remaining points in the report were that the committee had received from the Colonial Office a copy of an Act to consolidate and to amend the law relating to dentists in Tasmania and from the Irish branch of the British Dental Association a communication calling attention to a judgment in regard to medical or dental joint-stock companies.

Dr. LINDSAY STEVEN seconded the motion which was agreed to.

Mr. BROWN asked whether it was intended to take any official action in regard to the last point in the report—the communication from the Irish branch of the British Dental Association.

Dr. MACALISTER said that the Executive Committee

thought this a matter of such importance as to be considered by the whole Council.

Medical or Dental Joint Stock Companies.

On the motion of Dr. MACALISTER, seconded by Sir VICTOR HORSLEY, a communication referred to the Council by the Executive Committee from the Irish branch of the British Dental Association requesting attention to a judgment in regard to medical or dental joint-stock companies was entered upon the minutes. The Irish branch wrote inclosing copies of judgment in O'Duffy *v.* Jaffe and a covering letter, both of which it was stated had already been sent to each member of the Council. The communication was as follows:—

The Royal College of Surgeons,
Stephen's Green, Dublin.

We venture to draw your attention, as a Member of the General Medical Council, to the decision of the Court of King's Bench (Ireland) in the case of "O'Duffy *v.* Jaffe," herewith enclosed. The action was taken under the Dentists Act of 1878, but the judgment of the court demonstrates the total inadequacy of existing laws to protect the public from unqualified practice, under misleading titles, of medicine, surgery, or dentistry; inasmuch as any individual can place himself outside the penal operation of the Medical or Dental Acts by the simple expedient of forming a joint-stock company, the Court holding that the Act as worded applies to a "*natural person*" only and not to a "company." Furthermore, it appears that the title assumed by such company on its formation becomes its "own proper name" and there seems to be no legal means of restraining the assumption of any title (however misleading to the public), whether it be "Stiles, Doctors of Medicine," "Noaks, Physicians and Surgeons," or "Jaffe, Surgeon Dentists, Ltd."

In the judgment the court consents to the view that "*the general intention of the Legislature in regard to the protection of the public has been frustrated*" and is unanimously of opinion that the phrasing of the Act does not enable it to "*reach the mischief*," and suggests that "*the Legislature can, if it think fit, pass a Statute specially directed against it*." We therefore respectfully ask you to support action on the part of the General Medical Council towards petitioning the Privy Council to initiate the necessary legislation. [Here follow the signatures of 46 Licentiates in Dental Surgery.]

The Council then considered some business *in camerâ* and thereafter adjourned till Thursday.

THURSDAY, MAY 26TH.

Business was resumed on Thursday, Sir WILLIAM TURNER again presiding. All the members were present with the exception of Mr. Tomes.

The Case of Mr. Darwent.

The Council proceeded to the consideration of the case of Richard Henry Darwent, of Rokeby, Newington, Hull, Yorks, registered with the triple qualification of Scotland, 1893, who had been summoned to appear before the Council to answer a charge of having abused his position as a medical man by committing adultery with a patient.

The case was adjourned until next session to give Mr. Darwent's counsel an opportunity of taking such steps as he may think necessary to question the Council's ruling with regard to the admission of certain evidence.

Case of Alleged Canvassing.

The Council then proceeded to the consideration of the case of Harold Augustus Easton of 92, Brigstocke-road, Thornton Heath, registered as Mem. R. Coll. Surg. Eng. 1902, Lic. R. Coll. Phys. Lond. 1902, who had been summoned to appear before the Council to answer the following charges as formulated by the Council's solicitor:—

That you, being a registered medical practitioner, have systematically sought to attract to yourself patients by the employment of persons to canvass on your behalf for subscribers to a medical club instituted by you and by the distribution of the rules of the said club.

Mr. Easton appeared on his own behalf and Dr. Hugh Woods on behalf of the London and Counties Medical Protection Society by which the complaint had been laid.

Dr. WOODS, in opening the case, said that some little time ago complaints reached his society to the effect that wholesale canvassing of patients to join a club was being carried on in the neighbourhood of West Croydon. He instituted inquiries, the result of which was the evidence laid before the Council in the form of statutory declarations in support of which some witnesses were present. The question was merely whether Mr. Easton did employ a canvasser for the purpose of calling at houses occupied by people not his own patients, frequently the patients of other medical men, and inviting them to become members of a club instituted by Mr. Easton. The statutory declarations, he submitted, completely proved the charge that Mr. Easton had systematically employed a man, or men, to canvass people promiscuously to join his club and he (Dr. Woods) knew enough of previous decisions of the Council to believe that no words of his were needed to suggest that they should consider this infamous conduct in a professional respect. He could not believe that any medical man who took an interest in his profession could at the present day be ignorant of the fact that the Council had repeatedly given it to be understood how it would regard conduct of this kind.

Evidence was then called.

Mrs. FOREMAN, the first witness, stated that a man had called at her house at Croydon and asked her to join Mr. Easton's club. She did not do so.

Mrs. WHEELER of Croydon, the next witness, declared that about Feb. 11th, 1904, a man whom she now knew as Mr. Brisley called and asked her to join Mr. Easton's club. She consulted her husband and subsequently handed 2*s.* as entrance fee to Mr. Brisley. She called and saw Mr. Easton.

Mr. HENRY WINCHESTER of Thornton Heath said that his wife had once told him that a man would call about Mr. Easton's club. The man did call and told him that Mr. Easton was forming a medical club. The entrance fee was 2*s.* and 10*d.* a week was the contribution.

Mr. EASTON, speaking in his own defence, said that he denied the charge of seeking to attract by canvassing members to the medical club instituted by him. He would like to give an account of the starting of the club. His place at Canterbury-road had been open a fortnight or three weeks when he received a visit from Mr. Brisley who gave himself out to be an insurance agent. When Mr. Brisley found that he (Mr. Easton) had no medical club he suggested that one should be started. Mr. Brisley thought a good one might be worked up in the neighbourhood, especially as he had been asked by several of his clients if he knew of one. The outcome was the starting of the club with Mr. Brisley as collector. His commission was fixed at 20 per cent. of the entrance fees, and he (Mr. Easton) told him that he would give him 15 per cent. of the weekly subscriptions which he collected. Mr. Brisley appeared to know all about the business but he (Mr. Easton), who had only been qualified 18 months, did not know anything about the work. Mr. Brisley told him that he had collected for another practitioner for two years. He urged upon Mr. Brisley the necessity of exercising great care in introducing members to the club. All this time he thought he was doing no wrong. After the starting of the club someone called at Canterbury-road for the conditions of membership in his absence. The caretaker reported this to him and he gave her several leaflets on which the rules were printed in order that she might be able to satisfy inquirers. On a later occasion when he had given her more it appeared that her small boy, aged seven or eight years, had put some of the leaflets in at some doors in the neighbourhood. He (Mr. Easton) reproved the caretaker on this occasion. The leaflets were delivered altogether without his consent or knowledge. He was absolutely convinced that the procedure he was adopting up to the time of receiving the complaint was not of the nature of canvassing.

Mr. BRISLEY gave evidence as to the formation of the club. He said that he had been instructed by Mr. Easton to be most careful in introducing the club to his clients and not to involve the patients of other medical men. Witness took absolute blame for any matter in the way of canvassing. He got instructions from Mr. Easton to do nothing in the way of canvassing.

Cross-examined by Sir VICTOR HORSLEY, witness stated that he put the question to the people whom he went to whether they were attended by a medical man or not. He had received an answer in several cases that they were being attended but were not satisfied.

Dr. WOODS addressed the Council, saying that the evidence showed that canvassing did take place.

The case having been further considered *in camerâ*,

The PRESIDENT, addressing Mr. Easton, said: We have heard the evidence and we have carefully considered the case and the Council is not prepared to say that the fact that canvassing has been systematically pursued has been proved against you. But at the same time the Council feels that you have, probably through your youth and inexperience, trod very closely on this practice which the Council does not approve of. Therefore it is my duty from the chair to tell you that you must in the future keep yourself entirely clear of anything which savours of canvassing or improper conduct of any kind as a member of our profession, and I hope that you will take this warning now and will not get yourself put into any trouble or difficulty in the future.

Mr. EASTON: I thank you.

An Adjourned Case.

The third and last piece of penal business was the consideration, adjourned from Nov. 26th, 1903, of the case of Robert Fawcitt Granger, registered as of 85, Church-street, Whitby, with the triple qualification of Scotland, 1889, who had been summoned to appear before the Council in consequence of his conviction in Plymouth for the neglect of his children.

The PRESIDENT, addressing Mr. Granger, said he would recollect that in November he was asked to appear before the Council in May to give some evidence of what he had been doing between these two dates. There had been put into his (the President's) hands a certificate by Dr. Robert Milne, Sturg House, 32, Bow-road, E., and a statement by Mr. Granger himself, from which he gathered that he had been in practice in the Mile End road since the beginning of the year. He also gathered from this statement that he had had many difficulties to overcome in connexion with the obtaining of a practice, but at the end of the statement it was mentioned that three weeks ago he was appointed medical officer in a dispensary and that his prospects were better now than at any time during the last two years. He would just ask him this question, Had he been what he promised he would be—namely, an abstainer?

Mr. GRANGER: Practically.

The case was then considered *in camerâ*, after which

The PRESIDENT said: The Council has now given further consideration to your case and we have had before us Dr. Milne's letter, a letter from the inspector of the National Society for the Prevention of Cruelty to Children, and also your own letter, and the Council has come to the resolution not to proceed any further with the case, so that you can leave the council chamber feeling that this matter is done with. All I would like to say is that I hope you will have profited by this experience and that your conduct in the future will be all that we should desire it to be.

Mr. GRANGER then left.

The Registration of a Colonial Dentist.

Dr. MACALISTER submitted the next business, which was an application from Mr. James Dickson Hamilton for registration as a dentist in the United Kingdom. On Oct. 5th, 1903, the application was received from Messrs. Sparke and Angus, a firm of solicitors in Sydney, on behalf of Mr. Hamilton that he might be registered as a colonial dentist in the Dentists Register under Section 8 of the Dentists Act, 1878, the grounds of the application being that he was already registered under the Dentists Act of New South Wales and that this should be recognised, as they understood had been the case with the Victorian Act of 1887. Some correspondence followed and on Feb. 22nd, 1904, the Executive Committee asked Mr. Muir Mackenzie to frame an answer to Messrs. Sparke and Angus for the consideration of the Council. The following was the proposed answer prepared by Mr. Muir Mackenzie:—

GENTLEMEN,—In reply to your letter of Nov. 23rd, 1903, I have to inform you that the application of Mr. James Dickson Hamilton and the documents which accompanied it and your letter have been considered by the General Medical Council.

The Council does not recognise that the certificate under the Dentists Act of New South Wales (No. 45 of 1900) of which you have forwarded a copy to the Council, furnishes sufficient guarantee that a holder of the certificate possesses the requisite knowledge and skill for the efficient practice of dentistry or dental surgery.

The Council does not recognise a certificate issued under the Dentists Act, 1887 (Victoria) to a person who has no dental diploma or qualification other than the qualification of having practised dentistry before the passing of that Act. An application by the holder of such a certificate to have his name registered in the Colonial Register was refused by the General Medical Council on the ground that the Council could not recognise the certificate. The applicant appealed from the Council's refusal to the Privy Council and the appeal was dismissed. The case will be found recorded in the published Minutes of the Council for 1896 (pp. 73, 152), 1897 (pp. 186, 195), 1898 (pp. 98, 274).

With reference to the case of Mr. Oldfield, his name was not registered in the Colonial Register on the ground that the Council had determined to recognise a certificate under the Dentists Act, 1887 (Victoria), issued to a person whose qualification was that he had practised dentistry before the passing of the Act. Mr. Oldfield made two applications for registration, the first of which was refused, but the second of which was granted, in the special circumstances stated in the second application, a special order being made for the registration of the name. The facts relating to Mr. Oldfield's applications will be found in the published minutes of the Council for 1897 (pp. 216, 242, 162, and 247), 1898 (pp. 98 and 274), 1900 (p. 68).

The application of Mr. Hamilton has therefore been refused by the Council on the grounds above stated.

Sir VICTOR HORSLEY moved that the Council adopt this answer. Those, he said, who had followed the case of Oldfield in times past would be much obliged to Mr. Muir Mackenzie for producing such an extremely clear and convincing statement of the attitude of the Council on this, at first sight, rather complicated matter.

Dr. MACALISTER seconded and the motion was agreed to.

Appointment of Committees.

The nominations for the following committees were adopted:—

Examination Committee.—By the English Branch Council: Dr. Pye-Smith, Dr. Payne, and Mr. Young. By the Scottish Branch Council: Sir Patrick Heron Watson, Dr. Finlay, and Dr. McVail. By the Irish Branch Council: Sir Charles Ball, Dr. Little, and Sir W. Thomson.

Education Committee.—By the English Branch Council: Dr. Norman Moore, Dr. MacAlister, and Dr. Windle. By the Scottish Branch Council: Sir John Tuke, Dr. McCall Anderson, and Dr. Mackay. By the Irish Branch Council: Dr. Bennett, Sir C. Nixon, and Sir W. Thomson.

Public Health Committee.—By the English Branch Council: Sir G. Philipson, Mr. Power, and Mr. Jackson. By the Scottish Branch Council: Dr. Lindsay Steven, Dr. McVail, and Dr. Bruce. By the Irish Branch Council: Sir Charles Ball, Mr. Tichborne, and Dr. Bennett.

It was also agreed that the following should be the members of the Dental Committee: the President (chairman), Sir Charles Ball, Sir Patrick Heron Watson, Mr. Tomes, and Mr. Henry Morris; that the following should be the members of the Dental Education and Examination Committee: Mr. Tomes, Mr. Brown, Dr. Lindsay Steven, Dr. Finlay, Sir Charles Ball, Dr. Bennett, and Mr. Henry Morris; that the following should be the members of the Pharmacopœia Committee: Dr. MacAlister, Dr. Norman Moore, Dr. Payne, Sir George Philipson, Sir John Batty Tuke, Dr. McVail, Sir John Moore, and Mr. Tichborne; and that the following should be the members of the Students' Registration Committee: Sir Hugh Beevor, Dr. MacAlister, Sir John Batty Tuke, Dr. Mackay, Dr. Bennett, and Sir William Thomson.

The Council then adjourned till Friday.

FRIDAY, MAY 27TH.

The session was resumed on Friday, Sir WILLIAM TURNER being in the chair.

Preliminary Scientific Education and Examination.

Dr. NORMAN MOORE moved that the report from the Committee on Preliminary Scientific Education and Examination be received and entered upon the minutes. He said the Council would remember that a joint committee of the Education and Examination Committees was appointed to go into the whole question of preliminary scientific education and examination. Everyone who had read this report would find that it contained a most valuable collection of information on the subject. With the aid of the President the committee obtained information from a very large number of licensing bodies and medical and scientific institutions. He might add that the reason why the number of medical and scientific institutions was not increased by other medical schools in London was that these schools considering they were part of the University of London intimated that they would reply through the university. The university was unable to ask each school to express its opinion. That would have been an enormous labour, so that only one or two of the London medical schools had actually replied to the Council. The others would have been perfectly willing to do so if the university had seen fit to consult them on the matter. The answers, which had been very carefully summarised, were singularly of one complexion. There was no very great difference of opinion among any of those bodies. The committee having thoroughly discussed and digested the reports had drawn up eight recommendations which it suggested should be communicated to all the licensing bodies. He ought to say that these resolutions practically embodied what the licensing bodies and the teaching institutions approved of. They were not absolutely unanimous but the general agreement was obvious.

Dr. WINDLE seconded the motion which was agreed to.

Dr. NORMAN MOORE then moved that the first recommendation be adopted, viz.:—

That an examination in chemistry in order to be sufficient should comprise a written paper, a practical examination, and an oral examination.

Dr. WINDLE seconded the motion which was agreed to without discussion.

Dr. NORMAN MOORE moved the second recommendation which was as follows:—

That in respect of chemistry a synopsis of subjects should be issued by each licensing body and that the scope of the examination in chemistry should not fall below that which has been indicated in the report of the visitors and has been generally approved by the licensing bodies.

Dr. WINDLE seconded the motion.

Dr. MACALISTER said the publication of the synopsis of subjects was useful not only to the schools as a guide and the examiners as a control but to other bodies in estimating the scope of the examinations held by any particular bodies. This was one of the strongest reasons given for the publication of the synopsis in all cases. Another reason was to emphasise the very general approval which was given by various experts in different licensing and teaching bodies to the outlined scope of an examination in chemistry which was submitted by Dr. Campbell Brown and he could not help thinking that it emphasised their appreciation of the report which he and Dr. Windle previously presented to the Council.

Sir JOHN MOORE suggested that the words "or syllabus" be inserted after "synopsis." That was a recommendation of the Irish Royal Colleges and he thought there was something in it. The syllabus gave a little more information to the students than the synopsis did.

It was agreed to insert the words "or syllabus" and the recommendation so amended was adopted.

Dr. NORMAN MOORE moved the adoption of the third recommendation which was:—

That the examination in practical chemistry should not be limited to simple qualitative analysis but should include easy preparations and simple experiments illustrating important principles.

Dr. WINDLE seconded the motion.

Mr. TICHBORNE considered that the question of volumetric analysis should be specifically introduced.

Sir VICTOR HORSLEY remarked that this matter arose more in connexion with the course of study than examinations. The motion only related to examinations.

Dr. PYE SMITH, while acknowledging the value of volumetric analysis, said that for the Council to impose it as a necessity for every medical student seemed to be pushing things too hard. Whatever they did he ventured to predict that the chemist would give papers which would not be either simple or easy. If he had his way he would print these two adjectives in italics. The university examination should insist on chemistry carried as high as it was reasonable to do. It was most important that every man who was a doctor of medicine in this kingdom should be a good physiologist and a good chemist, but they were not legislating for a university degree and they would not do any good by making the student's access too difficult.

Mr. TICHBORNE said that in regard to volumetric analysis they would be examining a man practically. It was a mode of manipulation which must have extensive use. He therefore moved as an amendment to insert after the word "preparations" the words "rudiments of volumetric analysis."

Dr. BRUCE seconded the amendment.

Dr. PAYNE said the syllabus would be somewhat defective if volumetric analysis were not introduced. Volumetric analysis was a method, not a thing learned by heart, and it was very necessary, if not absolutely necessary, in the daily practice of medicine.

On the suggestion of Sir JOHN MOORE Mr. TICHBORNE agreed to alter his amendment so as to read "simple volumetric analysis."

It was agreed to insert these words in the committee's recommendation which was then adopted in its amended form.

The fourth recommendation—viz.,

That an examination in physics in order to be sufficient should comprise a written paper and an oral examination, the latter to include practical questions on the use of physical instruments and apparatus—

was agreed to without discussion on the motion of Dr. NORMAN MOORE, seconded by Dr. WINDLE.

The fifth recommendation was similarly adopted, viz.:—

That in respect of physics a synopsis or syllabus of subjects should be issued by each licensing body and should include the elementary mechanics of solids and fluids and the rudiments of heat, light, and electricity.

Dr. NORMAN MOORE stated that this recommendation was a re-affirmation of the resolution of the Council, now of many years' standing.

Dr. NORMAN MOORE, in moving the adoption of the sixth recommendation, which was—

That elementary biology should be retained in the curriculum,

said there was greatest room for discussion on this clause. After receiving the various reports he thought he was justified in saying that the conclusion the committee came to was that its recommendation represented the feeling throughout the world of medical education.

Dr. WINDLE seconded the motion.

Dr. MACKAY said most of them knew what tremendous difficulties medical students were at once plunged into by the faults of the curriculum. The medical subjects had increased greatly of recent years. The subjects of bacteriology had increased, public health had become of tremendous importance and would go on increasing in importance. The examiners were paying more attention to details of medical studies such as mental diseases and ophthalmology and when it was sought to relieve the curriculum they were forced to turn to the subjects of the first professional examination. He should be loath to propose anything which should diminish the care given to physics and chemistry but in regard to biology he held a different opinion. He was well aware that the great majority of the teaching institutions had replied to the Council that the subject of biology ought to be retained in the curriculum and he believed with them that biology had a very considerable educational value. But at the same time he thought that in view of the overburdened state of the curriculum biology should only be retained in a way that would interfere as little as possible with the other professional subjects. It was absolutely impossible for any student properly to study four great sciences within the first year of his curriculum. His proposal therefore was that while retaining biology in the curriculum they should exclude it from the examination subjects. Of course, this method of treating the subject opened up the possibility of putting other subjects on a similar footing. The proposal he now desired to submit was in the form of the following amendment:—

That the Council is of opinion that while the subject of biology should be retained in the curriculum it will not regard it as necessary that a professional examination in the subject should be demanded, provided the student has attended and duly performed the work of a satisfactory course of instruction in the subject as part of his curriculum at a university or duly recognised school of medicine.

Sir JOHN BATTY TUKE said that he seconded the amendment with very great pleasure, more especially as it brought before the notice of the Council the principle of instruction without examination in order to reduce the amount of weary grind that went on and resulted in no intellectual activity and the acquisition of the minimum of knowledge.

After some discussion on procedure it was agreed to go into committee, so that paragraphs 6, 7, and 8 might be taken in conjunction and more freely debated. The three paragraphs were as follows:

That elementary biology should be retained in the curriculum.

That an examination in elementary biology in order to be sufficient should comprise a written paper and an oral examination, the latter to include practical questions on specimens and dissections and on methods of microscopical investigation.

That, in respect of elementary biology, a synopsis of subjects should be issued by each licensing body.

Meanwhile, Dr. MACKAY withdrew his amendment. The Council having resolved itself into committee, Sir VICTOR HORSLEY proposed as a motion:

That the further consideration of recommendations 6, 7, and 8 of the report of the Committee on Preliminary Scientific Education be suspended and that the committee be reappointed and instructed to report upon the courses of study and synopses of subjects for the preliminary scientific examination with especial reference to the branches of biology as subjects of study and examination.

He said that everything turned on what was meant by biology, and naturally they looked into the report of the committee to find what the committee meant by the term. For the first time he was a hostile critic of that body. The reference to the committee was far wider than it appeared to have accepted; it included the whole question of preliminary scientific education and examination, but the committee had not fully reported upon the courses of study and the synopses of subjects. Personally he felt that the Council owed it as a duty to the licensing bodies to indicate what it considered should be the courses of study and the subjects for these scientific examinations and until the Council had done that he thought it had not done its duty towards the medical student. The only way to

fulfil this duty was obviously to reappoint the committee and to ask it to report upon the subject, say, next session. There was no hurry. Another consideration in support of the reappointment of the committee was that in England there were a great difference of opinion and considerable feeling in the minds of some members of the profession as to the relative value of biology. They must have advice and instruction from the committee and he thought that his amendment covered Dr. Mackay's point.

Sir CHARLES BALL seconded the motion.

Dr. MACALISTER said that if the proposal meant that the committee or the Council afterwards was to draw up anything like an ideal synopsis of the contents of elementary biology then he thought that the Council was embarking on a task for which it was not fitted. It was quite impossible for the Council without taking expert advice to frame anything like an ideal, uniform, and universal syllabus on the subject. What the committee did was to go to those who had experience in the teaching and examination of this subject for many years. It sent an extremely fair letter to all the teaching and examining bodies concerned with this subject in the United Kingdom and the result was very striking. Every single licensing body in the country except the Apothecaries' Hall of Ireland and the Royal College of Surgeons in Ireland thought that biology ought to be retained in the curriculum as a necessary subject of preliminary medical examination. Was it, after all, practicable for the Council to lay down that a subject should be a subject of teaching and not a subject of examination? If a subject was explicitly excluded from examination by the Council it would very soon be excluded from study. The real question was: Did the teaching of biology do any good? He thought it did; the teaching of the subject in the first year saved the student's time afterwards.

Sir WILLIAM THOMSON said that the speech just made showed that the further consideration of the subject ought to be postponed. Dr. MacAlister had shown what were the arguments in favour of the retention of the subject, and, on the other hand, they had heard from Dr. Mackay a speech which for the moment he thought carried considerable conviction to the Council. Dr. Mackay had proposed a procedure which was very novel and perhaps very attractive to the student but he did not know whether it would be attractive to those who had to do with medical education at large. Year by year they had been piling up the work of the medical student and it was becoming more and more evident that five years were quite insufficient to enable him to master the details of his course, if, indeed, he was making any attempt at the result. Dr. Mackay's suggestion was a most important one. It was entirely new and once they adopted it they must apply it to other subjects. He should like the committee to suggest some means by which, if biology was only to be an instructional course, it should be a *bonâ fide* course and not a farce. It would not do for the Council to associate itself with any arrangement which could be evaded by any corporation or teaching body.

Sir CHARLES BALL expressed the opinion that the matter was not in any way ripe for decision that day. There should be delay.

Sir CHRISTOPHER NIXON said that it seemed to him an extraordinary thing after the differences of opinion that had existed between the Council and the English Royal Colleges in connexion with the preliminary subjects of medical education, and especially in connexion with biology, that they should now have a proposal that biology should merely be made a subject of instruction and not of examination. It was quite clear that if the proposal were agreed to biology would be excluded from instruction as well as from examination.

Dr. PYE-SMITH remarked that it had been said that biology was a vital question in the student's curriculum and he thought it would be a great pity if the Council did not stand up to what it had already done in this respect. He was sure that the result put before the Council by the committee whose report they were now discussing was very valuable indeed. He would urge the Council not to let the present opportunity pass. He was of opinion that this important subject was ripe for decision. None of the members of the Council spoke of it without at least some knowledge of the subject and in these circumstances he deprecated referring the matter to experts. He believed that biology was a valuable subject for preliminary medical study. He did not see how they could in the face of the reports which they had strike out such an important subject. They must not try to turn the students into automatons. Biology was a subject which could not well be taught in schools. That was one reason in his opinion in favour of retaining it. But, after all, the main argument for it was the all but unanimous conclusion of the licensing bodies. He did not think that the Council ought to go beyond that. However, he considered that the Council should not try to fetter with a minute syllabus the teaching or the examining of this subject. He thought it would be as disastrous to make a minute supervision of the subjects to be examined in as to make everyone go through the same mould.

Dr. WINDLE agreed with Dr. Pye-Smith that it would be inadvisable for the Council to draw up a syllabus of biology. There was a divergence of opinion respecting the best way in which biology should be taught. Biology was essentially a growing subject in which a great deal of elasticity should be allowed to teachers and in which experiments should be made. For these reasons it would be injudicious to try to draw up a syllabus on the subject. Dr. Mackay's point was one of the most important which had been before the Council. He thought that in the principle of instruction without examination the Council would find the solution to many of their difficulties. The crux of the situation was that the institutions which were the teaching were not always the examining bodies. The solution to his mind was that the bodies which carried out the examinations should satisfy themselves that the instruction in the schools was of a sufficient and proper character. He was highly sceptical as to the teaching of biology saving time for anatomy. He did not think that it had saved those of them who were anatomists much trouble. It was of help to the student when he came to pathology. The teaching of biology was very important in the part it took in building up the medical character.

Dr. MACALISTER moved as an amendment—

That it was desirable that elementary biology should be retained in the curriculum.

Sir VICTOR HORSLEY said that he was personally in favour of retaining biology but he did not think that the amendment was in order.

Dr. MACALISTER said that when they discussed the recommendations someone must make a specific motion.

Dr. MCVAIL thought that Sir Victor Horsley was right in thinking that Dr. MacAlister's amendment was not a proper one. Continuing, he said that nothing had emerged to show him that the committee could bring in any more satisfactory report six months hence on the subject of teaching in biology than it had done. It was not possible at the present time with the existing development of the subjects included in biology for any committee to draw up a syllabus in it which would be a working syllabus for all the bodies in the United Kingdom. It would, he thought, be quite impossible to draw up a syllabus which would suit the University of London and the University of Cambridge, and also the Apothecaries' Society. Nor did he consider it possible for any committee of the Council to say that there was a minimum syllabus of biology. When biology was brought in first it was very carefully considered, but nobody then could lay down more than "elementary biology." They had received a syllabus from each of the bodies throughout the country with one exception respecting the teaching of biology. There was not one syllabus which was not sufficient, but they differed not only as to standard but as to the subjects which were taken up. Some gave more attention to one department, some to another. He did not think, therefore, that any committee would be able to lay down any such minimum syllabus of biology as the Council would be justified in making a requirement and in demanding that the licensing bodies should adhere to. Nevertheless he strongly went in for the retention of biology. No case had been made out for giving it up. What a tyranny there would be in the school in which at the end of the session it should lie with the teacher to say that a man was to go on or not. Anything more retrograde than the proposal of Dr. Mackay he had not heard for a very long time and he hoped that the vote would go against Sir Victor Horsley's motion.

Dr. MacAlister's amendment was allowed to drop.

Dr. NORMAN MOORE observed that it would be wasting the time of the Council if they were to go further into a subject which the committee had considered at great length. It had also been discussed in a very large number of teaching institutions whether biology should be retained in the

curriculum. The general consensus on the part of teachers had been that it was desirable to retain biology as a part of medical education. They could not get beyond that. He therefore moved as an amendment to Sir Victor Horsley's motion:

That instead of postponing the consideration of the report of the committee, Clauses 6, 7, and 8 be approved of by the Council in committee.

Mr. MORRIS seconded the amendment. He said that he did not think further postponement of the subject would bring forth further information. The very large number of replies received in answer to the questions sent out, the great unanimity of those answers, and the very admirable, concise, and clear report itself did not lead him to anticipate that they would get anything else in the form of information which the committee had not before it at the present time. It was sought to introduce a very important new principle into the curriculum—namely, that subjects should be taught but that the students should not be examined in them. He did not think that the time had arrived for that. He did not think it reasonable that any subject should be introduced into the curriculum for study and not be followed by examination. It would be of the nature of a dead letter.

Sir VICTOR HORSLEY submitted that the amendment was not a competent one. He had already pointed out that the committee had only dealt with the subject of examination and not with the course of study. He put forward a course of study and he did not think the amendment was quite in order to his motion.

Dr. MCVAIL considered that Dr. Moore's amendment should be put as it stood. If carried it would become a substantive motion.

The PRESIDENT said that he should put the motion as a whole and the amendment as a whole.

Dr. Norman Moore's amendment was carried by 19 votes to 10.

Upon its being put as a substantive motion,

Dr. MACKAY said that he should still like to take the view of the committee on his own proposal pure and simple.

Dr. MACALISTER, on a point of order, said that Dr. Mackay's proposal did not concern clauses 6, 7, or 8 in any essential sense but was a general question.

The PRESIDENT pointed out that the proper stage for Dr. Mackay's motion would be after the Council resumed.

Sir VICTOR HORSLEY said that on the motion now before them he agreed that elementary biology should be retained in the curriculum, but if he were to agree to the motion as it stood he must know what he was voting for. He must know what was meant by elementary biology. He was quite ready to vote for clauses 6, 7, and 8 on the ground of pure examinational requirements but he must have some sort of idea of the subjects and courses of study for the examination. He wished to know whether if he voted for clauses 6, 7, and 8 he would be precluded from bringing forward the question of courses of study.

The PRESIDENT said that No. 6 was a general proposition to the effect that elementary biology should be retained in the curriculum. There was nothing in clauses 6, 7, or 8 to define what the course of elementary biology should be. The feeling of the committee was that they should not define elementary biology in any minute sense, but that it should be left to the educational bodies and the licensing bodies themselves to stipulate what the course of study was to be which they would require for examination.

Sir VICTOR HORSLEY said the recommendations of the committee only related to examinations. He therefore wanted to come back to the question of study and take the opinion of the Council by a clear vote on this matter. He asked whether he would be able to do so after passing clauses 6, 7, and 8.

Dr. MCVAIL said that Sir Victor Horsley wanted the committee to consider what should be in a synopsis. No. 6 was quite general, being simply to retain elementary biology. It did not refer to examination or curriculum. No. 7 was that there should be an examination. No. 8 did not refer specifically to examination at all. It said that in respect of elementary biology a synopsis of subjects should be issued by each licensing body. That synopsis might be for examination or curriculum, or it might be for both. Sir Victor Horsley from his own point of view should move an amendment to Dr. Norman Moore's motion that Nos. 6 and 7 be approved, and when that was carried he could raise the question of referring No. 8 to the committee.

Sir VICTOR HORSLEY said he thought that it would be more convenient if he raised his motion at the end of these recommendations. As to No. 7, on its merits he thought the subject should be in the curriculum, but he agreed that the time had now come when they should consider whether it was necessarily an examinational subject. He did not agree with the statement that their curriculum only included subjects necessarily examined in, because it contained subjects which could not be examined in, in the true sense of the word, and some minor subjects which were not examined in at all. No. 7 as it stood was a very important resolution of the Council, because if they looked at it they would see that it put biology on exactly the same footing as chemistry and physics. Personally he did not feel that biology should be on the same footing as chemistry and, he would add, physics. If there was to be a reconsideration of the degree and status of examination and if they were only carrying a vague kind of principle just now he would vote for it.

Dr. Norman Moore's amendment as a substantive motion was then agreed to and the Council resumed. What had been done in committee was formally approved of.

Dr. NORMAN MOORE moved

That resolutions 1 to 8 adopted by the Council be communicated to all the licensing bodies.

Mr. MORRIS seconded the motion which was agreed to.

Dr. MACKAY said he thought that the matter which he had raised should be carefully considered. There were many who thought that the time was ripe for the change; if it was found that the time was not ripe no harm would have been done by the consideration. He would therefore propose:

That the Preliminary Scientific Committee be re-appointed and that the following suggestion submitted to the Council be referred to them for report—namely, that the subject of biology should be retained in the curriculum but that it should not be regarded as necessary that a professional examination in the subject should be demanded provided the student has attended and duly prepared and performed the work of a satisfactory course of instruction in the subject as part of the curriculum at a university or duly recognised college or school of medicine.

Sir JOHN BATTY TUKE seconded the motion.

Dr. FINLAY expressed the opinion that it would be a mistake to make the reference too narrow. The committee ought to be able to take up the question of non-examination in many of the subjects.

Dr. LINDSAY STEVEN also took the view that the inquiry should be general and not particular.

After further discussion

Dr. FINLAY moved as an amendment to Dr. Mackay's motion

That the committee be re-appointed and instructed to consider and report as to the advisability of dispensing with examinations in the case of any of the subjects in which courses of study are prescribed by the licensing bodies.

Mr. MORRIS seconded this amendment.

Dr. MCVAIL said that the Council had just decided to send out an opinion as to the examination in biology and here they were now proposing to send out an entirely different, in fact, contradictory, opinion. If it were desired to make the Council ridiculous he could not imagine a better way of doing it. The thing was absurd; it was utterly unworthy of the Council and of the great universities and corporations that the Council was supposed to assist and to direct.

Mr. MORRIS said that although he had seconded Dr. Finlay's amendment he had done so merely to escape from the position that would be created by the passing of Dr. Mackay's motion and so little was he in favour of Dr. Finlay's amendment which he had seconded that he would be happy to vote against it when it came to be put as a substantive motion.

Sir VICTOR HORSLEY said that surely the speech they had just listened to was the way to make the Council absurd. He considered that Dr. McVail's observations were entirely unwarranted by the facts. Personally, he preferred Dr. Finlay's amendment as being the wider statement of the same proposition.

Dr. BRUCE said he thought that the Council was not in a condition to decide the question that day. Due notice of the proposals should be given.

Dr. BENNETT then moved the previous question and Dr. MCVAIL seconded the motion.

On a vote 13 members supported the motion and 14 voted against it. The previous question was accordingly lost.

Dr. MACKAY suggested that they should put the matter on the next day's programme of business for discussion.

The PRESIDENT: You ask that for your own motion?

Dr. MACKAY: Yes, sir.

The PRESIDENT (turning to Dr. Finlay): Are you agreeable to that for your amendment?

Dr. FINLAY: No; I am not. Continuing, Dr. Finlay said that he thought a postponement would be a waste of the time of the Council.

The PRESIDENT thereupon put Dr. Finlay's amendment to the vote. It was carried by 16 votes to 12. Two members did not vote and two were absent. Names and numbers were taken as follows:—For (16): Dr. MacAlister, Dr. Norman Moore, Mr. Morris, Sir Charles Ball, Dr. Mackay, Dr. Caton, Mr. Jackson, Sir Christopher Nixon, Sir Victor Horsley, Dr. Windle, Dr. Finlay, Sir William Thomson, Dr. Bruce, Dr. Little, Sir Hugh Beevor, and Sir John Batty Tuke. Against (12): Dr. Payne, Dr. Pye-Smith, Sir John Moore, Mr. Young, Dr. McVail, Sir Patrick Heron Watson, Dr. Lindsay Steven, Mr. Brown, Mr. Tichborne, Sir John Williams, Dr. Bennett, and Sir George Philipson. Did not vote (2): The President and Dr. McCall Anderson. Absent (2): Mr. Power and Mr. Tomes.

Dr. FINLAY'S amendment was then put as a substantive motion. 13 members voted for it and 15 against it and it was declared lost. Two members did not vote and two were absent. Names and numbers were again taken as follows:—Against (15): Dr. MacAlister, Dr. Norman Moore, Mr. Morris, Dr. Payne, Dr. Pye Smith, Sir John Moore, Mr. Young, Dr. McVail, Sir Patrick Heron Watson, Dr. Lindsay Steven, Mr. Brown, Mr. Tichborne, Sir John Williams, Dr. Bennett, and Sir George Philipson. For (13): Sir Charles Ball, Dr. Mackay, Dr. Caton, Mr. Jackson, Sir Christopher Nixon, Sir Victor Horsley, Dr. Windle, Dr. Finlay, Sir William Thomson, Dr. Bruce, Dr. Little, Sir Hugh Beevor, and Sir John Batty Tuke. Did not vote (2): The President and Dr. McCall Anderson. Absent (2): Mr. Power and Mr. Tomes.

The PRESIDENT: Dr. Mackay, your original motion is also gone.

Notices of Motion.

The following notices of motion were given:—

By Sir VICTOR HORSLEY:

That the Preliminary Scientific Committee be reappointed and instructed to consider and report upon courses of study in chemistry, physics, and elementary biology.

By Dr. MACKAY:

That the Education Committee be requested to collect information and report on the subject of the possibility of including certain subjects in the curriculum without requiring examination in them.

By Dr. LINDSAY STEVEN:

That it be remitted to the Executive Committee to consider and report to the next session of the Council upon what should be regarded as systematic canvassing on behalf of a medical practitioner for subscribers to a medical club instituted by himself and involving the employment of a paid collector of the entry money and the subscriptions to the club, which would be looked upon by this Council as constituting the practitioner so acting to have been guilty of infamous conduct in any professional respect.

The Council then adjourned till Saturday.

SATURDAY, MAY 28TH.

The Council resumed business on Saturday, Sir WILLIAM TURNER presiding.

The Curriculum and Examination in Scientific Subjects.

Dr. NORMAN MOORE moved that the communications referred to the General Medical Council by the Executive Committee from the Royal College of Physicians of London and the Royal College of Surgeons of England in regard to the curriculum and examination in scientific subjects should be received and entered on the minutes.

Mr. MORRIS seconded the motion which was agreed to.

The following are the terms of the communications:—

(a) From the Royal College of Physicians of London:

Royal College of Physicians,
London, S.W., April 30th, 1904.

DEAR SIR,—I am directed by the President and Fellows of this College to forward to you, for the information of the General Medical Council, the following resolutions and synopses having reference to the first year of the curriculum of professional study and the subjects of and mode of conducting the first professional examination of the Conjoint Board in England which have now been adopted by this College and by the Royal College of Surgeons of England.

These resolutions and synopses will be incorporated in the regulations of the Conjoint Board and take effect from March, 1905.

I am, dear Sir, faithfully yours,
EDWD. LIVEING, M.D., Registrar.

H. E. Allen, Esq., Registrar, General Medical Council.

COURSES OF INSTRUCTION.

1. That a minimum length of courses be required in chemistry, physics, and biology before candidates are admitted to examination in these subjects.

2. That the minimum course in the several subjects be:

In chemistry	180	hours'	instruction	and laboratory work.
In physics	120	"	"	"
In biology	120	"	"	"

3. That these courses need not run concurrently, nor be completed within one year.

4. That these courses may be commenced or attended before the required preliminary examination in general education is passed.

5. That study at an institution other than a recognised medical school be counted for not more than six months of the curriculum.

6. That the study of anatomy and physiology be not recognised until after the first examination in chemistry, physics, and biology has been passed.

7. That no student be admitted to examination in medicine and surgery until he has completed five years of professional study after passing the preliminary examination in general education, towards which six months' study at a recognised institution may be counted, if taken subsequently to passing such preliminary examination.

FIRST PROFESSIONAL EXAMINATION.

That Part I. Chemistry, Part II. Physics, Part III. Biology, and, at the option of the candidate, Part IV. Practical Pharmacy, be the subjects of the first examination.

Chemistry.

1. That the paper in chemistry do consist of nine questions, six to be answered and no more, for which three hours shall be allotted.

2. That the time for the practical examination be extended from two to three hours.

3. That the use of books and tables be allowed in the practical examination.

Physics.

4. That there be a separate paper in physics consisting of six questions, four to be answered and no more, for which two hours shall be allotted.

5. That there be a *viva voce* examination on the use of physical instruments.

6. That candidates be required to pass in both chemistry and physics at one and the same time; that the marks awarded in chemistry and physics be considered together; and that candidates who obtain 40 per cent. of the total of the two subjects shall pass provided that they obtain not less than 20 per cent. in either subject.

Biology.

7. That in addition to the *viva voce* examination there be a paper in biology for which two hours shall be allotted, consisting of six questions, four to be answered and no more.

8. That each candidate be examined orally for 15 minutes.

Then follow synopses.

(b) From the Royal College of Surgeons of England:—

Royal College of Surgeons of England,
Lincoln's Inn Fields, London, W.C., May 2nd, 1904.

DEAR SIR,—With reference to previous correspondence between the General Medical Council and this College regarding the regulations of the Conjoint Examining Board in England for the first year of the curriculum of professional study and the First Examination I am now directed by the President to forward to you, for the information of the General Medical Council, the accompanying copy of resolutions and synopses which have been adopted by this College and by the Royal College of Physicians of London.

I am to add that the resolutions and synopses will, in due course, be incorporated in the Regulations of the Board and will take effect from March, 1905.—I am, dear Sir, yours faithfully,

S. FORREST COWELL, Secretary.

H. E. Allen, Esq., Registrar, General Medical Council.

*** The information as to the courses of instruction and first professional examination is identical with that from the Royal College of Physicians.

(c) From the Royal College of Physicians of London, inclosing a copy of the full regulations of the Examining Board in England as now revised:—

Royal College of Physicians, London, S.W., May 13th, 1904.

DEAR SIR,—Referring to my previous letters for a statement of the circumstances which have been the cause of unavoidable delay in the matter, I am glad to be able at length to send you a reply to the letter of Sir William Turner, dated Dec. 5th, 1903, addressed to myself as Registrar of this College.

In that letter a series of questions raised by a report of the visitors of the Council on the examinations in chemistry, physics, and biology held by the licensing corporations in the United Kingdom were submitted for observations thereon by the College. I now enclose, by direction of the College, for the information of the President and Council, a copy of the questions with the answers to them in a parallel column adopted at a general meeting of the Fellows held yesterday, May 12th.

I am requested to enclose at the same time a copy of the regulations of the Examining Board in England, revised in accordance with the amended scheme of instruction and examination in chemistry, physics, and biology forwarded with my letter of April 30th last; also lists of (1) schools, other than medical, recognised by the Royal College for instruction in those subjects; (2) recognised medical schools; (3) recognised preliminary examinations in subjects of general education.

I am, dear Sir, faithfully yours,
EDWARD LIVEING, M.D., Registrar.

H. E. Allen, Esq., Registrar.

Sir VICTOR HORSLEY moved:—

That the courses of study laid down in the new regulations of the Examining Board in England by the Royal College of Physicians of London and of the Royal College of Surgeons of England, taking effect in March, 1905, are, in the opinion of this Council, insufficient.

He said that he felt it was his duty to put this motion on the paper because in a previous session he had made a proposal which the Council agreed to—namely, that the then courses of study and examinations of the Conjoint Board in England were insufficient. This session they were given to understand in the course of discussion that the Conjoint Board of England was considering this matter and that it had already published a kind of preliminary account of what it meant to do. It was obvious that the preliminary account satisfied the members of the Council to a very large extent. At any rate, the matter proceeded no further at that point. They had now before them these new regulations and the synopses relating to them. They ought not, as they seemed to do the previous day, to regard the synopsis and a course of study as synonymous terms. The synopsis was only part of the documents relating to the course of study. The previous day he had been interrupted by Dr. Norman Moore when he spoke of the requirements of this Council in the arrangements of the curriculum. Dr. Norman Moore had corrected him and said "recommendations," and he had accepted it at the time. Dr. Norman Moore, however, knew perfectly well that the word used by the Council in the details of the curriculum was "requirements."

Dr. NORMAN MOORE: No, I do not.

Sir VICTOR HORSLEY said that in that case he was sorry to say that Dr. Norman Moore did not know the principal document of the General Medical Council which laid down what the Council "required" in the curriculum—subjects, courses of study, and examinations. This document was their Magna Charta. It began: "A. The requirements in regard to professional education," and with regard to the course of study and examination the Council "required," &c. The same document in the second part had a few recommendations of the Council relating to practical work. This Council was the supreme authority in medical education and all he had to say was that the course of study and examinations were "required" by the Council. That governing the position, as it appeared to him, they might proceed to look at the communication from the Royal Colleges. The communication consisted of two parts. It dealt with the course of study and with examinations. His motion only related to the first part—the course of study—because he personally was quite satisfied with the details of the examinations. They coincided with what the Council passed the previous day. The courses of study were to fit the student after he was registered to show that he was possessed of the requisite scientific knowledge. In resolutions 3, 4, 5, 6, and 7 they found embodied the opposite of what he expected to see after the discussion of last session. At the last session he really thought from what fell from Dr. Norman Moore and Dr. Windle and others that a kind of *modus vivendi* had been arrived at in the minds of members of the Council, but they found here, with one exception, precisely the point which the Council had taken exception to in the past and had voted against again and again. In other words, all the previous debates of the Council and all the money of the profession which had been expended on this question were thrown away if these regulations were now to be accepted by the Council as adequate. Taking No. 3, which said that these courses of study need not run concurrently nor be completed within one year, he submitted that in other words the students might begin at any age—at ten years of age if they liked. The next resolution said that these courses might be commenced or attended before the required preliminary examination in general education was passed. He was quite sure that he was reflecting the opinion of the majority of the Council when he said that they laid down that the curriculum of education for the medical student should be divided in an orderly manner, that he should have done with his preliminary education first, that then he should take his general education, and after being done with that he should go on to his anatomy and physiology and so on. The Council had therefore decided against this No. 4. No. 5, which stated that study at an institution other than a recognised medical school be counted for not more than six months of the curriculum, was the only concession which the Colleges had made, but it did not affect the general issue. Pointing to No. 6 resolution he remarked upon the difference which the Colleges were making in their treatment of the scientific education of the student on the one hand and his education in anatomy and physiology on the other. The Colleges said that anatomy and physiology were not to be recognised, or in other words not commenced until the scientific part of the education was got rid of. Precisely the same treatment ought to be meted out to the scientific part of the education if it was of equal importance. If the Colleges took the line that it was not of equal importance that would be a legitimate position, but the Council had decided in the opposite way. With regard to the seventh resolution they had it stated again that the curriculum, as the majority of the Council understood it, was definitely to be evaded by the Royal Colleges. It was not to be any longer five years of study but four and a half years. He would not labour that point as it had been discussed in detail by the Council. Coming back to general principles, it was clear that these regulations violated the principles which the Council had laid down after wearisome and prolonged debates during a period of ten years. He therefore submitted that whatever step the Council took in regard to preliminary scientific education it ought not to accept these regulations as being sufficient.

Sir WILLIAM THOMSON seconded the motion.

Dr. MCVAIL, after drawing attention to several resolutions come to since 1894, said that the great point of dispute had been that the English Royal Colleges were admitting men who were taking their scientific course before they had passed the preliminary examination. That matter was keenly fought for two or three years and the Council in the end gave way and authorised the admission of men who had taken this course prior to the preliminary examination on condition that the curriculum should be five years in duration. The next great subject of dispute was the one regarding the institutions at which those subjects might be studied and it began about 1898. The Council had a few years' quiet on conceding that point to the Royal Colleges and then came in another great subject of dispute which had lasted down to the present time. Sir Victor Horsley would see that the minutes did not bear out his view of the requirements since 1894. He entirely agreed with him in principle that those subjects should be taken after the preliminary examination was passed. That was his own personal opinion but the Council for nine and a half years had practically conceded the point to the Royal Colleges.

Dr. MACALISTER said that he thought it was desirable to emphasise three points on which a new departure had been made by the Royal Colleges. It was important to consider whether or not the substance of all that they had been contending for had now been obtained, even although the form in which it was presented might be different from what they had originally desired. First of all for the first time the length of the minimum course of instruction in chemistry, physics, and biology was prescribed. The discussion between the Colleges and the Council as to what should be preliminary scientific instruction, whether it should be ordinary school work or special lectures at a medical school, turned very largely on the question what was the kind of instruction that was given at ordinary secondary schools and whether the instruction received by the boys was adequate. On that point the inquiry made by the Education Committee seemed to afford evidence that much was still to be desired in the requirements of the Royal Colleges in this respect. It appeared that in some of the schools which they recognised the number of hours given to a subject per week was not such as to insure to young students a thorough acquaintance with the subject. Now a minimum course of 180 hours' instruction and laboratory work in chemistry, 120 hours in physics, and 120 hours in biology was to be the *sine qua non* of the recognition of any such course of instruction. Looking to what happened in ordinary medical schools and in universities and other institutions of higher instruction he should have no hesitation in saying that that minimum course was at least equal, and in many instances superior, to what at present was received by the ordinary medical student so far as duration was concerned. The second point was that if the boy spent three years in doing his course he would get credit at the very most for six months. It was true that he might pass this scientific education examination immediately after the preliminary examination, but that was permitted by the Council's regulations and was not contrary to anything the Council had laid down. The Colleges had gone further than that and laid down the regulation that until the student had passed his examination in chemistry, physics, and biology no study in anatomy and physiology would be recognised at all. On the whole, although they had not formally put themselves exactly in line with what the Council had put down, their conditions were more drastic

than what the Council would have been prepared to regard as a minimum. It would be grossly unjust to say that these conditions were insufficient. They might not be perfectly happy in their form but they certainly could not be regarded as insufficient in severity or comprehensiveness.

Mr. BROWN said that although some of them might agree with Regulation No. 3 many of them would disagree with Regulation No. 4, which stated that the courses might be attended before the preliminary examination was passed.

Dr. NORMAN MOORE: That is a regulation of the Council.

Mr. BROWN said that to his mind it was one which should not exist. He would be glad if the sense of the Council were taken on the point.

Dr. WINDLE said with regard to the meaning of the word "require" it appeared to mean this, that when the Council laid down something as a requirement and it was not carried out they were at liberty to report the body to the Privy Council. That was what was meant by "requirement" and nothing more. The courses of instruction of the English Royal Colleges appeared to meet a great many of the difficulties which had been previously felt. One which previously appealed to him was that in the recognised institutions apparently no definite instructions as to length of course or nature of course were given. Those institutions had now full guidance. The only thing he regretted was that some regulation had not been laid down as to the length of time over which this instruction might be spread. There was something to be said for intensity of instruction as well as length of instruction. Looking at the regulations from the common-sense point of view it was extremely unlikely that a boy would come up for examination in chemistry and succeed who had spread his 180 hours over six years. He would require to be a very brilliant boy. The Council now got from the Conjoint Board a great deal more than they got from the University of London about which there was no complaint. After passing the preliminary examination of the University of London the student might attend for instruction anywhere or nowhere. He might work in a back attic. It was not laid down that he was to go to any institution or to receive instruction of any particular length. Of course, the answer was that the position was covered by a hard, severe examination, but to his mind that was no answer. The curriculum was the important thing. He saw no reason to regard the instruction which was demanded by the Conjoint Board as other than sufficient. It was perfectly true that a student might obtain his qualification in four years and six months, but this period was more likely to be six years and four months. Although the regulations of the Colleges did not in every respect conform with the letter, they more than conformed with the spirit of the finding of the Council and he could not, therefore, support the motion.

Sir CHRISTOPHER NIXON said it was not necessary to labour the reduction of the five years. The course of instruction and examination in connexion with the first year's course of study was more than adequate for the ordinary medical student It was more than any other examining body in the United Kingdom required. The number of hours in connexion with physics, chemistry, and biology afforded a marked contrast with what was required in the Royal University. The position of the Colleges was very favourable for medical education in respect of the fact that physics, chemistry, and biology might be taken up before passing the preliminary examination and the over-burdened curriculum might thus be lightened. By the tables presented by the Examination Committee they had been shown that in the great majority of instances the student did not go to medicine until he had reached his nineteenth or twentieth year. Assuming that he had chosen medicine for his profession at 16 or 17 years of age what, he asked, was the boy to do in the intervening years? In those years there was ample time to take up the subjects of physics and biology and a certain amount of useful chemistry. If they allowed a boy after passing his preliminary examination to present himself a month or two afterwards for the preliminary scientific examination then he would have all his time at his disposal to devote himself to essentially medical subjects. He thought the differences between the Colleges and the Council were very trivial and that the action of the authorities emphasised the principle, which he would like to see generally recognised, of leaving a student free to take out scientific subjects before he passed his preliminary examination.

Dr. MACKAY said that if he read the regulations rightly he could not understand the criticisms. Probably a boy would never begin to study chemistry or biology before he was 16 years of age. He could not think that in substance these regulations transgressed any of the Council's orders. He thought they were in keeping with all that they had laid down in principle at least if not exactly in form.

Sir JOHN BATTY TUKE said that although he was not perhaps in accord with certain of the regulations he recognised the essential necessity of good scientific education. Tremendous efforts had been made by the Colleges to bring themselves into line. He could not say that there was justification for such a motion as was now before the Council.

Sir PATRICK HERON WATSON asked why midwifery had been left out in Resolution 7, which stated:—

> That no student be admitted to examination in medicine and surgery until he has completed five years of professional study, &c.

Dr. NORMAN MOORE said that no alteration whatever had been made in the regulations about midwifery.

Mr. MORRIS said that the midwifery examination could be taken before the expiration of five years but, of course, no one could get the diploma until he had passed the whole examination in medicine and surgery.

The PRESIDENT said he was under the impression that the manner in which this question had been interpreted by the Council was that those three subjects were to be the subjects of the final examination.

Dr. NORMAN MOORE: So they are.

The PRESIDENT: Do you divide your final examination into two parts with the intervention of a year between midwifery and surgery?

Dr. NORMAN MOORE said that was not compulsory. The regulations were sent to the Council every year and if the arrangement was not legal he had no doubt the Colleges would alter it.

Dr. MCVAIL thought that the matter was quite clear in the regulations. At the English Conjoint Board candidates might present themselves for midwifery at the completion of the fourth year but they could not present themselves for examination in medicine or surgery until the completion of five years. That was their custom. Perhaps the Colleges might be continuing some old arrangements but he thought as Dr. Norman Moore's attention had been called to the matter he might look into it.

Dr. MACALISTER recalled the fact that this matter was discussed in 1890 and the legal opinion obtained then was that there was nothing to prevent the authorities from separating the examinations on the three subjects and holding them at different times.

Sir WILLIAM THOMSON said that it was because he was in entire accord with the spirit of the motion that he had seconded it. The matter to which it referred was an old and very painful story and as a very young member of the Council he had protested against the action which these two English Colleges had taken in assuming a position hostile to the views and rules which the Council had laid down and which they insisted that other bodies less strong perhaps and less pugnacious should carry out. That always seemed to him an extravagant position and as the Council knew the matter had come up year after year. What was the position they were in now? Those bodies after telling them last year that they were bringing in a scheme which would satisfy the requirements of the Council had brought in a scheme which, although he had heard some members say was entirely satisfactory in the spirit, still allowed them to maintain a position of independence with regard to the Council. The Council had either power to deal with educational matters or it had not. If it had power to deal with educational matters then some respect ought to be paid to the views which it from time to time expressed and which it submitted for the guidance of the licensing bodies. Some who had spoken maintained that the Colleges were now ready in spirit to do a great deal more than the Council had ever required. He would not assent to that view. The bodies came in, not surrendering at all, but thinking that the Council having admitted their rules on other occasions would accept their regulations now. That was not a satisfactory condition of things. If there was to be a perpetual wrangle over the instruction in the preliminary scientific studies it would be better for the Council and the various bodies, and also for the higher education of the students, that those subjects should be

made the subjects of an entrance examination and the professional education limited to four years. Of course, he was glad that to the minds of several members of the Council who had spoken there had been an approximation to the rules of the Council with regard to these subjects. He still held that the Colleges had not taken the attitude in relation to the Council which ought to be taken. The Colleges were two old and distinguished bodies. They ought to be the leaders in acquiescence in the judgment of the Council. They ought not to set the example of resistance to its regulations. The suggestions of the two bodies would be always considered. The Council wanted to arrive at a scheme which would be best for the development of medical education and he hoped that all would come into line in the matter.

Dr. BRUCE said that he was going to vote against Sir Victor Horsley's motion and he did so from the point of view that he thought this was not a question of fighting or anything else. The less they heard of any autocratic demands by the Council the better.

Sir VICTOR HORSLEY remarked that six months ago members said that the instruction in the preliminary scientific subjects at the recognised schools was not sufficient. If they voted against his motion they would be saying that it was sufficient.

Dr. MCVAIL said that whilst he would vote against the motion he was giving no opinion as to the schools in which those courses of study would be carried on.

Sir VICTOR HORSLEY, continuing, could not admit that this question of teaching institutions was a trivial matter. The Council was still exactly in the position which it had been in, as the Colleges could recognise any school they liked. They could demand any preliminary examination they liked and they could recognise it without any reference to the Council. The situation with regard to medical education, which was looked upon with great gravity six months ago, was still to his mind a subject of great gravity.

On a division, six members voted in favour of Sir Victor Horsley's motion and 22 against it. It was accordingly declared lost. Three members did not vote and one was absent.

Mr. BROWN then moved

That the new scheme of courses of study under the new regulations of the Examining Board in England by the Royal College of Physicians of London and of the Royal College of Surgeons of England be referred to the Education Committee for examination and report.

Dr. BRUCE seconded the motion.

On a division 11 members voted for the motion and 13 against. It was accordingly defeated.

Visitation of Preliminary Scientific Examinations.

Sir PATRICK HERON WATSON moved that the following recommendation by the Examination Committee should be adopted by the Council:—

That the Council complete the visitation of the preliminary scientific examinations held by the bodies mentioned in Schedule A by appointing visitors to visit these examinations in the universities.

Dr. MCVAIL seconded the motion.

Dr. MACALISTER thought that the present time was inopportune for making this proposal. The Council had just passed a number of recommendations as to what subjects preliminary examinations in science ought to include. It was probable that changes might be made in some examinations in consequence of the communications which would be sent out by the Council. Time should be given for these changes to be introduced. In these circumstances he thought they might postpone the visitation until next year.

Dr. MACKAY considered that there was no necessity at the present moment to have a system of examining the preliminary examinations. He thought that the Council should inspect final examinations, but only from time to time on occasions when it seemed necessary should they carry out the inspections of others.

Sir JOHN BATTY TUKE said that he had sufficient confidence in the universities carrying out their work and he thought that it was unnecessary to go to the trouble and expense proposed in the motion.

Dr. NORMAN MOORE remarked that when this matter was taken up by the Council it was intended to review the whole subject of examinations. He thought that even if they were put to some inconvenience and expense they ought to go through with the work which they definitely undertook.

Dr. LINDSAY STEVEN agreed that it would be little less than an injustice if the inspection was not carried through to the end.

Dr. MCVAIL said that they had visited the examinations of the corporations and certainly it was a most extraordinary thing that Dr. MacAlister should propose that they should not examine the universities also. He hoped that the Council would be quite consistent and carry the policy through.

Dr. PYE SMITH protested as treasurer against the proposal as extravagant. He confessed that the series of inspections which they had gone through had had good results. However he did not think that the further inspection which was proposed was necessary at present. He thought that in view of the financial statement which he had to present they should not spend money now on this object.

Dr. MACALISTER then formally moved as an amendment:

That the visitation of the university examinations in chemistry, physics, and biology, be not continued until after the inspection of the final examinations is completed.

Dr. WINDLE seconded this amendment.

Sir VICTOR HORSLEY submitted that the Council ought not to consider the expense when they were dealing with a matter of importance in the curriculum. He hoped the amendment would not be carried.

Dr. FINLAY said that he saw nothing inconsistent in approving of both the motion and the amendment. They might pass the motion and add the amendment to it.

On a division 19 members voted for the amendment and 10 against it. Dr. MacAlister's amendment was accordingly carried.

When put as a substantive motion the amendment was adopted by 19 votes to 10. Two did not vote and one was absent.

Suggested Uniform System of Marking.

Dr. MCCALL ANDERSON moved—

That the Registrar be instructed to communicate with each of the licensing bodies, recommending a uniform system of marking in all cases in connexion with their examinations.

He said he was not aiming at a uniform system of examination. That was not possible. If it were possible he questioned whether it would be desirable. Each licensing body should be entitled to carry out the details of its examination as it thought best, always subject to the approval of the Council. But what he wanted to direct attention to was the great variety in the systems of marking that were adopted by the various licensing bodies. A uniform system would, he submitted, be a great convenience, and he thought that the best would be a percentage system, that each subject should have a special mark. If a man passed a perfect examination let him have 100 per cent. and 50 per cent. could be a pass mark.

Dr. BRUCE seconded the motion.

Dr. MACALISTER proposed as an amendment:

That the question be referred to the Examination Committee for consideration in connexion with their final report on the completion of the cycle of visitation of inspections.

Sir CHARLES BALL seconded this amendment.

The PRESIDENT pointed out that in 1895 the Council passed a motion for the adoption of a uniform system of marking. That had been on the minutes of the Council for nine years and what had been the result? *Nil.* And he ventured to say that if the motion was re-affirmed now the result would again be *nil.* It must be left to the different examining bodies which had the experience to guide them to decide whether in their judgment a man was competent to pass or not. As an old examiner—for he had been engaged for 40 years in examining and thousands of students had passed through his hands—he might be permitted to say that the only thing that was in his mind when a man came before him for examination was, "Is that man fit to pass or not?" It would be quite absurd to go into all the minutiæ of marking.

Sir VICTOR HORSLEY claimed to say a word for the poor student. The object in having a uniform system of marking was that justice should be done. Without some definite system they could not say that one man was not obtaining the privilege of entering upon the Register on more easy terms than another.

Sir PATRICK HERON WATSON said that to lay down a strict rule to be followed by every examining body would simply be an act which would make the Council jeered at by all these bodies.

Dr. MacAlister's amendment having been withdrawn leave was given, after a show of hands had been called, for the withdrawal of the original motion.

Instruction without Examination.

Dr. MACKAY moved :—

That the Education Committee be requested to collect information and report on the subject of the possibility of including certain subjects in the curriculum without requiring examination in them.

He said that on the previous day it had been suggested that this subject should be referred to a committee with the view of action being taken on an early date. And as the question was in a way discussed on the previous day he did not consider it necessary to go once more into details. He trusted that the question would be discussed outside and that all the bodies concerned in medical education would sooner or later take up the matter and deal with the whole question of the overcrowding of the curriculum and the great pressure upon students at the present time. It was an important educational question and he had thought it right that the Education Committee should be asked to find out what was being done in other countries and by other teaching institutions in this country.

Dr. NORMAN MOORE seconded the motion. The subject was worthy of discussion. Whether it was practicable or not could be proved.

Dr. MCVAIL rose to ask a question. What were the "certain" subjects?

Dr. MACKAY: Whatever subjects which it may be found possible to include.

Dr. MCVAIL: That means uncertain subjects. It is absurd to talk about certain subjects when the whole thing is uncertain.

Sir JOHN BATTY TUKE said he did not think it would be possible to define the subjects.

Dr. LINDSAY STEVEN said he would vote against the motion chiefly upon the ground that the matter was decided on the previous day when Dr. Finlay's proposal was rejected.

Dr. MCVAIL said that the proposal would only unsettle the minds of teachers and students.

On a division the motion was carried by 13 votes to 11. Four did not vote and four were absent.

The Council then adjourned till Monday.

MONDAY, MAY 30TH.

The Council resumed its deliberations on Monday, Sir WILLIAM TURNER presiding.

The Registration of Medical and Dental Students.

The first business on the notice paper was a motion by Sir John Batty Tuke regarding a Bill for the registration of medical and dental students.

The PRESIDENT said that before this was taken up he thought it was right that he should make a preliminary statement so that the members of the Council might be in a position to know what was the state of matters at this moment. As that statement would require him to call attention to certain official communications that he had had he thought he should make it *in camerâ*.

The statement was accordingly made in private and when the public were readmitted the business was proceeded with.

Sir JOHN BATTY TUKE moved :—

That the Lord President of the Privy Council be requested to introduce into Parliament a Bill to confer upon the General Medical Council statutory power to establish and maintain registers of medical and dental students and to impose a fee not exceeding £1 for registration therein.

He said that he desired to support the President's opinion given *in camerâ* regarding the position taken up by the authorities of the Privy Council. It was that the adoption of a registration fee for students was the most convenient way of adding to the resources of the Council. But apart from those authorities he had consulted men versed in affairs and without exception they had given the opinion that the Privy Council having made the statement which it had made to the President in this matter, it would be advisable for the Council to follow the advice of the Privy Council. They recognised that the line taken by the Privy Council was one of the least resistance, and they advised him personally that the proposal of the Privy Council was the most likely one to meet the objects which the Council desired. For these reasons and for others which he would give he had tabled this motion. The proposal required to be regarded from two points of view—firstly the monetary, and secondly the administrative. As to the monetary point, the report of the Finance Committee of the Council was not altogether a satisfactory document; in fact, it would be easily seen that the Council, if matters went on as at present, was within measurable distance of bankruptcy. He had taken the five years ending 1903 and he found that during those years the average excess of expenditure over income was £1525. In other words, during those five years they had eaten into capital to the amount of £7500. No one doubted that money must be got somewhere. They had of their own motion exercised certain economies, they had reduced the fees payable to members, and they had added extra fees to certain registrations which it was within their power to increase. Might he also be allowed to express the hope that in the next few years they would have a stoppage of the cycle of inspections. In the cycle almost concluded they had had very good results; bodies that were criticised had accepted the criticisms in the best spirit and had either introduced reforms or intimated their intention of doing so. There were two means of increasing their receipts—the increase of fees and the economies they had exercised in their own arrangements as a Council. If the Council accepted the proposed Bill and that Bill passed, the Council would be in receipt of an increase of revenue of £1700. That was a low calculation. He based it upon the fact that in each of the five years ended 1903, 1715 students registered—1518 in medicine and 197 as dental students. But he had a strong suspicion that he might place the receipts somewhat higher than £1700, for judging from the evidence of a report which he would submit later he thought that a not inconsiderable number of students neglected registration. He found that in England there were 629 students registered and 568 in Scotland—a difference of only 61—and he was not aware of any material increase of students in Scotland nor of any decrease in England to such an extent as was indicated by these figures. He might be wrong; if he was wrong there was all the more necessity for this Bill, but however he was quite content to base his calculation on an increase of receipts of £1700. He believed that in the economies made and the extra fees which they had charged they would be able to produce a surplus of between £1000 and £1200, and that money the Council absolutely required. They must in the next few years lay up a surplus in order to perform their statutory duties and for other purposes, and amongst those other purposes they would probably require more money for the Pharmacopœia. At present they were dependent to a great extent on almost gratuitous services and that placed the Council in a somewhat false position. Now as to the tax upon students. Was it fair or unfair? He held that it was a reasonable initial expense, for it must be remembered that the Council even in existing circumstances went to considerable expense in the matter; they had to maintain a staff, to print schedules, to print regulations, and to keep a students' register. That all cost money and it came out of the pockets of the practitioner. He had thus roughly foreshadowed what would be the effect from a monetary point of view. In the second place he would state his opinion as to what would be the effect administratively. In the first place the Council would by legislative enactment be made responsible for the carrying out of the registration of students, and being so it would be the duty of the Council to lay down conditions. The power of laying down conditions would be an absolute *sequitur* to their obtaining power to register students. Now what would the Council gain and what would it lose? It should gain a certain assurance that its first and principal and great requirement—the study of medicine for five years after registration—would be complied with by all. At present the Council had no official assurance that this chief requirement was complied with in the case of students who neglected to register. Secondly, the Council would be able to assure itself that each student had passed a satisfactory examination in Arts. Thirdly, the Council would have the power of approving or disapproving of those institutions recommended by the various bodies at which medical study would be begun. The Council would be able to put into force what it at present laid down as requirements, which were not universally followed. In plain terms, there would be compulsory registration under the Council's conditions. Every member of the Council would admit that such a state of things would be convenient to the Council, to the profession, and to the public and after all the public was a part of the community whose interests required to be looked after carefully. He did not expect that everyone would agree with him on this matter beyond convenience. But he

should like to ask what the licensing bodies would lose. When he said licensing bodies he meant every one of them. They would merely lose in two matters—the right to nominate educational bodies whose examinations in general education were accepted by them and the right to nominate bodies at which medical education could be begun. In no other respect whatever would the autonomy of any individual body be interfered with. And when they came to consider the important bearing of such a measure on medical education at large he asked was it worth while fighting for the supersession of such comparatively unimportant matters? All cases of friction would disappear. The poor student would not be bewildered between his duty to the Council and the body whose school he might attend and all bodies would come into line on equal terms. There was one other point. It was extremely likely that the motion might be met by a suggestion for delay—a suggestion that the bodies should themselves be first consulted. He hoped the Council would take the ordinary constitutional method of passing or rejecting the proposal. If it was passed each licensing body could express its opinion on the action of its representative and it would also be left to each body to take action to further its interests when legislation was proposed.

Sir VICTOR HORSLEY seconded the motion. He said he wished to speak in support of the Bill solely from the point of view of the material interests of both the professsion and the public. Everyone interested in medical education knew that the registration of a student was an essential of the perfection of the medical curriculum. That essential had been wanting hitherto and this motion proposed to provide it. The autonomy of the licensing bodies was not touched at all. These bodies had no autonomy in the Council. By the Act of 1886 it was hoped that the individual interests of the licensing bodies would be harmonised or if necessary suppressed in the Council's discussions and that the decrees and laws passed by the Council would represent the feelings of those who were anxious to advance medical education independently of the autonomous interests of any licensing body. That was the feeling of the profession at large.

Dr. PAYNE said that there were one or two points which possibly might not have received sufficient attention. It was entirely a good thing in general that every medical student should in some way make his existence known to the Council and be recognised. But he did not quite see that compulsory registration would give the Council unlimited power of fixing the conditions of such registration. There was only one method of making it compulsory and that was to lay down that unless a student registered himself at the proper time and under proper regulations he should not be admitted to final registration as a practitioner when he had passed the examinations. Unless that was put down absolutely in black and white in the Act of Parliament he did not think that the Act would have any force at all. It seemed to him that it would be a very good thing if they could once for all simplify the question of preliminary education by saying that only one authority—that was the Council—should lay down what was the preliminary education for a medical student. He thought that they should have power in an Act of Parliament to refuse to register any student who did not show evidence of preliminary education. That seemed to him a reasonable course, but, on the other hand, he did not think they should try to control the course of the student beyond that. If they wanted to use power of that kind it must be literally defined and, in his opinion, they ought not to go too far.

Dr. NORMAN MOORE said that there were two things which the Council wanted to get. It wanted money. That was apparently an immediate and pressing need. The other thing which, speaking from his own time of service on it, it appeared to have even a larger appetite for, was power. Every session that he had sat on it motions had been brought forward to try to increase its powers. The Council discharged under the Act of Parliament a most important duty in maintaining the Medical Register. It discharged certain duties with regard to education and qualification. It had never, however, been given the power of absolute supremacy in every point referring to medical practitioners in the country. He hoped that that power never would be given. The Council had shown an inclination to lay down what it called requirements at every stage of medical examination with regard to what candidates were to be examined in and where they were to study. He thought that the power ought not to be taken from the universities and licensing bodies and given to the Council. There had been a good deal said about licensing bodies not having any particular curriculum of studies. Universities had that curriculum. He believed as a member of a university that it was a better authority to determine what was best for the students of its several faculties than a body like the Council. The University of London had arrived at a decision as regarded its matriculation examination. The General Medical Council had said that it would not recognise that as a sufficient education for men about to commence medical studies. Unless the student who had passed this examination of the University of London could produce in certain circumstances further evidence of education he would not be acceptable to the Council. He thought that was a good example of how the Council would take it upon itself to dictate to the universities.

The PRESIDENT said that Dr. Norman Moore stated his argument rather too strongly about the University of London.

Dr. NORMAN MOORE explained that the student who wished to matriculate at the University of London had a choice of subjects. Supposing he selected a group not containing a subject or subjects required by the Council and passed it the Council would not admit him. Fortunately this power of the Council was at present limited. This desire for increased power on its part ought to be resisted. Now what would the student get in return for his sovereign registration fee which was proposed? Nothing at all. What would the public gain from it? Nothing at all. It would be a sovereign taken in the Council's own interests and for its own purposes. He opposed this proposal because it would give to the Council a power which by its own acts it had already shown ought not to be given to it and because it proposed to impose a fee upon students without giving them any return.

Sir WILLIAM THOMSON remarked that the Council had heard itself painted in very strong colours. The members had been described as if they were a lot of bandits setting out to assault the unfortunate but innocent student and to extort a sovereign, not for his benefit and not for the benefit of the public, but for the benefit of members of the Council. That was an aspect which had hardly been justified by the speeches of the proposer and seconder of the motion. Dr. Norman Moore had said that there had been a cry for money and an insatiable desire for more power. He hoped that the Council recalled the proceedings of Saturday and observed the attitude of the representative of the English College of Physicians. The speech which they had just listened to was of the character of a manifesto which would perhaps be adopted by other bodies in their relation to the Council. This was a rebellion against what he would call the powers which were conveyed to the Council by Act of Parliament. What scheme had Dr. Moore brought forward to the Council by which the deficit would be made up?

Dr. NORMAN MOORE said that the scheme he was prepared to support was that members of the Council should not be paid. That would save a very considerable sum per annum.

Sir WILLIAM THOMSON, continuing, declared that he was not one of those people who believed that work which was well done should not be paid for. Work had been given to the Council by Parliament and the way by which it was to raise funds was by charging fees to the practitioner who had just passed his examinations. He did not think that the collection of an annual fee from practitioners was feasible but upon all grounds the method which had just been proposed was one which ought to commend itself to the Council. He did think that it was unfortunate that the Council, representing all the licensing bodies of the country and the general profession, should be described as a sort of insatiable monster seeking to get into its grasp the whole control of the profession. He would venture to say that the Council, composed as it was of men who now were, or had been, medical teachers knowing the practical wants of the student, was able to discharge its duty as no individual licensing body could do.

Mr. MORRIS said that really there were two matters involved in this discussion. One was the control of the licensing bodies over the preliminary courses of study which they should adopt and over the schools from which they should accept certificates. The other matter was to place a tax of £1 upon the medical student. These had to be considered together. He could not help saying that in his opinion this attempt to get compulsory registration, accompanied with the charging of a fee, was a backstairs

way of getting the other object the Council had in view—namely, the control of early education and the control over the bodies which had been recognised by the institutions. On the question of the expenditure of the Council, he pointed out that on some occasions its time was occupied by unpractical discussions. Those sittings, however, involved considerable expense. For instance, nothing bearing upon the essential work of the council had accrued from the discussions on Friday and Saturday. The effects of passing this motion would, he felt, be to threaten the chartered rights and powers of the licensing bodies. The motion would have to meet with their opposition. In saying this he wished to say that it was the desire of the council of the College which he had the honour to represent to consider with due deference and respect every suggestion that came to them and to consider it carefully and fully. He was quite sure that there was nothing which that Council or any member of it would be less desirous of doing than taking up a position of hostility to the General Medical Council. There was nothing they desired more than to act in consonance and in harmony with the Council. The attitude of his College to the Council was simply, so far as any opposition was concerned, one of defence and not one of defiance. He felt it necessary to oppose the motion because he thought a better method could be adopted of raising funds. He was afraid that the imposition of a fee of £1 would not be sufficient for the income desired to be raised, while the tax would cause serious contention amongst the licensing bodies.

Dr. BENNETT opposed the motion as it stood. The Council, for example, had no right to restrict the rights of the University of Dublin with regard to its students. The question had never been raised but he was quite sure that the governing body of Trinity College would oppose the imposition of a tax of £1 on every medical student.

Dr. MACALISTER said that he should prefer to have raised the fee of the medical practitioners to imposing a registration fee, but the choice not having been given to him he could not say that he would oppose the proposal in its present form. He thought they ought not to refuse this source of revenue if it were obtainable. That was his reason for believing that the Council should accept the motion of Sir John Batty Tuke. The motion would also give to them constitutional powers to establish a register of medical students. That seemed to him to be the logical completion of the powers given to the Council by the Act of 1858. On the mere point of view of making registration complete and significant he could not help thinking that the members of the Council were justified in asking for power to establish a students' register. They were advised by their lawyers that they had power to establish anything for the carrying out of the Act, and in setting up a students' register they could refuse to register a diploma to any student who had not registered. Of course, an appeal to the Privy Council on the part of the student was possible. They in Cambridge, he continued, did not regard the Council as an external body greedy of power and grasping at functions which it was not entitled to exercise. They regarded it as the only existing inter-university board in the kingdom. It was the only board that he knew of where representatives of all the universities met and took counsel together on matters which were of common interest to them all. Round that board they had the representatives of the great licensing corporations, of the Crown and of the profession and he could not imagine a body more entitled to speak on points such as those raised by Dr. Moore and Mr. Morris. As to the University of London, it had been dealt with in the same way as other universities in the country. He was prepared to support the motion.

Dr. LITTLE said he could perceive that there would be some difficulty in carrying out the details of the proposed scheme but he was prepared to support the motion. If it were only a question of raising money he would not do so. He had always felt that one of the most important things was to ascertain when a student began his studies and whether he was fit to begin them at the time. The Council had never exceeded its proper functions in regard to supervision and advice. He thought that some of the bodies which he would not mention had not shown a proper attitude in resisting their advice.

Sir CHRISTOPHER NIXON said it had been a matter of disappointment to him after the period of storm and stress through which the Council had passed to hear the observations of Dr. Moore. Dr. Moore had represented the Council as a number of caterans who desired an amount of money for which they gave no value and who were grasping for power. With what object were they grasping for power? They were grasping for power to try to secure a body of men who would be entitled to be put upon the Register. They made regulations of a minimum character which would apply to all students of medicine. There was no desire or intention on the part of the Council to interfere with the rights of corporations or to interfere in any way with the regulations which the universities might make with regard to their own branches. They did not ask more than that all the men who passed and were entitled to be put on the Register should be sufficiently educated. The requirements in regard to the subjects of the preliminary scientific examinations had been to a large extent complied with by the Royal Colleges and the differences between them as to institutions recognised or approved by the Council had come to a vanishing point. Now, it seemed that the action of the Colleges by some indirect and, as the word had already been used, backstairs method in opposing Sir John Batty Tuke's motion was to secure a right which was not to be exercised by any other bodies in the Council. He regretted that the struggle between the Colleges and the Council seemed to be emphasised by the tone assumed by the representative of the Royal College of Physicians of London. He hoped the motion would be carried without delay as no advantage could be gained by sending it to a committee. He strongly urged the Council to accept the proposal inasmuch as it would bring into line all the bodies represented in the Council. The collective wisdom of all the universities and licensing corporations must be superior to that of a small minority and no regulation inimical to the interests of the profession was likely to be passed in the Council in face of the representations of those different bodies and interests. What had helped to put the Council in the high position which it held both with the profession and the public was that all its enactments had been made in the interests not of any merely local corporation or university but in the interests of the profession at large.

Dr. PYE-SMITH intimated his intention to vote against the motion on purely financial grounds if on no others.

Dr. MACKAY regretted deeply that opposition had been offered to this motion by representatives of the Royal Colleges and others because if they studied carefully the proposal before them they would see that there could be no attempt to interfere with the rights and privileges of any of the licensing bodies guaranteed under the Medical Act. All that the motion asked for was that a duty which this Council had undertaken on its own responsibility might become a statutory duty imposed on the Council by the law. Actually the only fundamentally new fact in the whole situation was that it was proposed to enable the Council to charge a fee. The students' register would not take away from the bodies the right to have their own standard and length of courses. No powers would be taken from the licensing bodies but the Council would find it easier to do the work which the Government had laid upon it. He would therefore support the motion.

Mr. BROWN agreed with the terms of the motion. It was obvious that it was an oversight in the Act of 1858 that the registration should not be in the hands of the Council.

Sir JOHN MOORE said he intended to vote for the motion. Up to the present the Medical Acts had been distinctly defective in not giving the Council more power in regard to the registration of students. Registration meant that they would know about the ages of students, where they had been taught, and their antecedents. Education began at school and the sooner the General Medical Council was brought in contact with those young men the better. Law students were registered and had to pay a registration fee. He did not regard this payment as a grievance to the student. It would come out of the pockets of his parents or guardians who would like to know that their sons were being looked after by registration. It was an insignificant tax which would not amount to much more than ¼ per cent. of the money paid for medical education.

Sir HUGH BEEVOR, in supporting the motion, thought the fee was not an unreasonable one. It was unfortunate, he said, that this question should be strongly opposed by representatives of bodies which had recently done far more than the Council had asked them to do in other directions.

The PRESIDENT asked the Council to allow him to speak on this question because he had been intrusted with the making of certain important statements to the authorities in

the direction that he had indicated in his preliminary remarks when the Council sat *in camerâ*. It seemed to him that some of the arguments which had been advanced against the motion were not applicable to the motion, but to what was considered might be the nature of the Bill. It rested with those who framed the Bill to specify in that Bill exactly what the statutory powers meant. All they were asking at that moment was that a Bill should be introduced into Parliament to confer on the General Medical Council statutory power, but they must wait till the Bill was drafted before they knew what the statutory power was to be. It was possible, therefore, that some of those who had spoken adversely on this motion had spoken in terms which might not be in consonance with the terms of the Bill. He did not know what those terms might be. Some members objected to the fee. He thought that a fee of £1 was a very proper fee to be paid by a student on entrance to the study of the profession of which he wished to become a member. It was an initial payment which conferred on him the privilege of becoming a medical student and being entered on the medical students' register. For his part he could not see that there was any hardship in the imposition of this fee and he did not think that the student or his parents or guardians would consider it a hardship. It was simply an entrance fee which found its way into the purse of the Council and which would enable the Council to conduct its business. They had heard references made to charters and the possibility of this Bill being an infringement of the charters. It was a somewhat interesting matter in connexion with this discussion, and other discussions which had taken place from time to time during some years, that those references to charters proceeded from a very limited number of members of the Council. But the institutions represented by those members were not the only institutions which were in possession of charters. The universities were in possession of charters. Other important licensing bodies were in possession of charters. Yet these universities and institutions were not continually, if he might say so, displaying their charters in their arguments. The whole of this question he had been familiar with from the commencement and he knew what happened at the University of Edinburgh. When it was proposed that there should be established a register for medical students the various bodies educationally interested in the matter who were represented on the Council received the information that the Council was desirous of establishing a register of students on a voluntary principle. It was suggested at the time that whilst the registration was to be voluntary it was hoped that the University of Edinburgh, so far as regarded its own work, would not confer its qualifications upon students and candidates for the degrees unless they were registered. The University acceded to that request. The University of Edinburgh looked at the general interests of medical education and the medical profession. It felt that the general interests of medical education and the profession would be greatly advanced if along with the other teaching and examining bodies it fell into line with the General Medical Council. He thought he was right in saying that from the time when the University of Edinburgh did fall into line in this matter, and it was very early, to the present time it had loyally acted up to the decision it then came to. They should keep in view that there were things beyond what could be contemplated in a charter of many hundred years ago. The medical profession had not been standing still since those ancient charters were made out. The medical profession had been advancing on great and important lines and he should like to think that all the great educational and examining bodies that were represented on the Council tried to work with the Council in improving and developing the education of their students. They should fall help the Council to see that those who aspired to come within the profession had gone through that preliminary education which the Council conceived to be necessary. It was with a very strong conviction that he had spoken, and he thought the Council ought to move in the direction which was indicated in the motion.

The motion was then put and carried by 22 votes against six.

The PRESIDENT intimated that a copy of the minutes would be forwarded to Mr. FitzRoy for presentation to the Lord President of the Council.

Scientific Education Courses.

Sir VICTOR HORSLEY moved :—

That the Preliminary Scientific Committee be reappointed and instructed to consider and report upon courses of study in chemistry, physics, and branches of elementary biology.

He said that he wanted more information and he also wished to draw attention to the fact that the Preliminary Scientific Committee had collected in its report a large number of facts but had not given them its view of those facts in a digestible form. The institutions as a whole had reported in favour of the biological system that was being conducted, but the teachers were not satisfied that the student was a great gainer by the courses actually administered to him. If there was this doubt in the minds of some teachers there was considerable doubt in his own mind.

Mr. JACKSON seconded the motion.

Dr. MACALISTER said that as a member of the committee he did not see what it was the committee was asked to do. It had obtained a large amount of information a digest of which was presented in the report.

Sir VICTOR HORSLEY submitted that no conclusions were drawn by the committee from the information it had as to how far those various courses met the requirements of the student.

Dr. MACALISTER said that the committee had very carefully considered what was being done and it had advised the Council that the subject of elementary biology should be retained in the curriculum. The Council had come to that decision and it seemed to him that that part of the question was closed. If any more information was wanted than that which was in the report he did not see how the committee was to arrive at it.

Sir VICTOR HORSLEY said that the committee recommended that elementary biology was to be retained and not a word of indication was given of what was meant by elementary biology. Many of them thought that considerable change should be made in the mode of the course of study but the facts produced by the committee were in confusion and disorder. They had not been tabulated; they had not been considered, and they had not been reported on by the committee.

Dr. NORMAN MOORE said that the committee considered whether any special resolution as to any particular line in regard to biology should be adopted. The discussions in committee amounted to this, that there were many directions in which biology might be useful and that this was not the time to say that such and such were useful. The conclusion of the committee was that elementary biology should be retained.

Dr. MCVAIL said that as Sir Victor Horsley seemed disposed to take trouble to give some guidance in the matter there would be no harm in referring the matter, in so far as it affected elementary biology only, to the Scientific Committee.

The PRESIDENT said he thought that if Sir Victor Horsley would confine the motion to elementary biology the Council would be unanimous.

Sir VICTOR HORSLEY agreed and the motion was adopted in the amended form to the effect that the committee should consider and report "upon courses of study in the branches of elementary biology." Sir Victor Horsley was added to the committee.

Examination of the Apothecaries' Hall of Ireland.

Sir PATRICK HERON WATSON moved that the report from the Examination Committee on the inspection of the final examination held by the Apothecaries' Hall of Ireland in January last should be received, entered upon the minutes, and adopted. He said that all that need be read was the conclusion of the committee which was as follows :—

The report by the assistant examiners in surgery, acting also as inspectors to the General Medical Council, on the final examination of the Apothecaries' Hall in Dublin in January, 1904, without commenting on any part of the examination, states that they "were satisfied with the manner in which the examination was conducted and with the standard of knowledge required of the candidates." The inspectors are of opinion, therefore, that "the examination was sufficient" and the Examination Committee accepts the view of the inspectors.

Dr. LITTLE seconded the motion which was agreed to.

Royal College of Surgeons of England and the Council's Inspector.

Sir PATRICK HERON WATSON moved :—

That a report from the Royal College of Surgeons of England having reference to the last report of the visitor and inspector on the final examinations of the Examining Board in England be received and entered in the minutes.

The Examination Committee stated that "having already presented a report on this matter which has been accepted by the Council we are not now in a position to discuss the remarks of the Court of Examiners, but recommend that it

be entered in the minutes of the Council for future reference."

The document is as follows :—

The Court of Examiners beg to make the following report to the Council :—

1. In regard to the recommendation that, in addition to the oral clinical examination, candidates should be required to furnish a written report on at least one surgical case, the court do not agree with this recommendation. They have had considerable experience of this form of examination in the Final Examination for the Fellowship and so unsatisfactory has it, in their opinion, proved that the two written reports on surgical cases which used to be required have been reduced to one and the advisability of discontinuing the single written report has been seriously considered. The *viva voce* clinical examination appears to the court to be much the better test of a candidate's knowledge and quite sufficient for the purpose, especially as for the last six years the time devoted to this examination has been extended from 15 minutes to half an hour. Moreover, the court are of opinion that this recommendation is impracticable owing to the great number of patients that would be required and the time which would be occupied in the examination of the large number of candidates presenting themselves. (During the year ending June 24th last 766 candidates were examined in surgery at the final examination of the Conjoint Board.)

2. With reference to the criticism that "there is still no special examination in ophthalmic surgery or aural surgery" the court would remind the Council that the question of instituting a special examination in ophthalmic surgery was very fully considered in the year 1890 and again in 1895, when a circular upon the subject was addressed to the medical schools in England. Out of the 18 schools consulted only three were found to be in favour of a special examination and the court, in a report dated May 25th, 1895, gave their reasons for considering a separate examination undesirable. The present court, which with one exception consists of examiners appointed since that date, entirely agree with the views then recorded. In that report the opinion was expressed "that at the present time candidates are adequately examined in ophthalmic surgery and that a separate examination in this subject is undesirable," and further that "if the principle be admitted that a special pass examination is to be required in ophthalmic surgery it may soon be considered necessary to appoint special examiners in other branches of surgery, such as laryngology, otology, dermatology, and orthopædics." The court would also point out that by Clause 8, Paragraph 2, Section I of the Regulations, candidates are required to produce a certificate "of having attended clinical instruction in ophthalmic surgery at an ophthalmic hospital recognised for the purpose by the Examining Board in England or in the special ophthalmic department of a recognised general hospital during not less than three months." All candidates, moreover, are liable to be examined in ophthalmic and in aural surgery as well as in any other branch of surgery and the court consider that a special examination in either subject is unnecessary and undesirable.

3. With regard to the statement that "no examination in operative surgery on the cadaver is held," the court do not agree with the remarks of the visitor and inspector in the views they have stated on the present mode of examination in operative surgery. In the opinion of the court a very good test of the candidate's knowledge is obtained by calling upon him to explain on the living model how he would perform an operation, to select and describe the instruments he would use, and to undergo examination as to the structures involved in such operation. The court do not consider it desirable that candidates at the Final Examination of the Conjoint Board should be examined in operative surgery on the cadaver. Such an examination is at the best an uncertain test of a candidate's dexterity, and with numerous candidates and a scarcity of subjects it would be most difficult to maintain a uniform standard, because some would have to perform operations of an easy and others those of a difficult nature. The question of the supply of subjects has also to be considered. As was pointed out to the visitor and inspector, the impossibility of obtaining a larger supply of subjects in London than that now available renders it impracticable to examine large numbers of candidates in operations on the cadaver without seriously diminishing the supply of subjects for dissection and for the courses of operative surgery which all candidates are required to attend.

4. The scheme of marks. The court are of opinion that some modification may be desirable and it is proposed that the following scheme of marks be tried. This scheme will enable a pass mark to be given in each part of the examination; at the same time, higher marks will be attached to the longer clinical examination. The pass standard will be 50 per cent. as at present.

—	Clinical.	Surgical anatomy.	Pathology, table No. 1.	Pathology, table No. 2.	Paper.	Total.
Maximum ...	12	10	10	10	18	60
Pass mark ...	6	5	5	5	9	30
Minimum ...	3	2	2	2	4	—

Candidates who obtain not less than 30 marks (50 per cent.), provided they do not obtain less than the minimum at any one part, will be adjudged to have passed the examination.

Dr. FINLAY seconded the motion which was adopted.

Sir PATRICK HERON WATSON then moved :—

That the recommendation of the Examination Committee—namely, that the communication be kept "for future reference"—be adopted.

Dr. FINLAY seconded the motion.

Mr. BROWN said that this was far too important a matter to be tabled merely for future reference. It should be referred to the Examination Committee for further consideration and a report. He moved an amendment to that effect.

Dr. LINDSAY STEVEN seconded the amendment.

Some discussion ensued but eventually Mr. Brown's proposal was unanimously agreed to as a substantive motion.

Education Committee's Report.

Sir JOHN BATTY TUKE moved that the following report by the Education Committee be received and entered upon the minutes :—

I.—AGES OF MEDICAL STUDENTS AT THE DATE OF REGISTRATION.

The Education Committee begs leave to submit the following table showing the result of a preliminary inquiry into the ages of students at the date of registration. The new regulation, under which applicants are required to give in writing the precise date of their birth, did not come into force until April 1st, 1903. Up to that date satisfactory evidence that the student had attained the age of 16 years was alone required. In future years the data at the disposal of the committee will be more exact :—

Table showing the Ages of Medical Students registered during 1903 by the Respective Branch Registrars.

Ages of students at date of registration.	England.	Scotland.	Ireland.	Total.
Between 16-16½	8	12	4	24
,, 16½-17	22	26	3	51
,, 17-18	90	139	42	271
,, 18-19	156	102	51	309
,, 19-20	131	68	28	227
,, 20-21	51	49	19	119
,, 21-22	34	24	12	70
,, 22-23	18	21	8	47
,, 23-24	15	25	5	45
,, 24-25	10	16	5	31
,, 25-26	11	23	—	34
,, 26-27	7	15	—	22
,, 27-28	8	11	—	19
,, 28-29	4	8	2	14
,, 29-30	2	2	1	5
,, 30-31	3	4	1	8
,, 31-45	14	23	3	40
Precise age unspecified ...	45*	—	41†	86
Total	629	568	225	1422

* Of the 45 students it is known at the office that they had all passed such examinations (mostly at Cambridge) as could not have been taken by boys under 16.

† These 41 students belong to the Dublin School of Physic and are registered without filling up separate forms. The registrar of the University of Dublin states that their average age is 19 years and two months.

It is of importance to note that only 24 out of a total of 1422 students in Great Britain and Ireland began professional study before the age of 16½, or at the rate of 1·7 per cent., and only 75 before the age of 17, or at the rate of 5·2 per cent.

In these circumstances the committee does not think it necessary at present to advise the Council to raise the age at which registration is allowed. The recent increase in the Council's requirements as regards preliminary education has evidently been effective in preventing premature registration. It may be inferred that those registering at the age of from 16 to 17 years are clever or industrious students to whom it might be a hardship to delay the commencement of professional study.

II.—RECOGNITION OF CERTAIN PRELIMINARY EXAMINATIONS.

The committee has had before it applications from various examining bodies for the recognition of certain of their examinations. After consideration of these the committee propose to include in the list of recognised preliminary examinations the following :—

University of Oxford: Higher local examinations. (Certificates to include the required subjects.)

Victoria University of Manchester, University of Liverpool, and University of Leeds: Matriculation examination. (Certificate to include required subjects.)

This latter examination, conducted by a joint board of the three universities, will take the place of the preliminary examination of the Victoria University at present included in the list. Communications have been received from most of the colonial and other bodies holding examinations included in Section IV. of the Council's list. The information therein contained will enable the committee at the November meeting of the Council to formulate its proposals as to the revision of this section of the list.

III.—CONFERENCE WITH THE CONSULTATIVE COMMITTEE ON SCHOOL LEAVING EXAMINATIONS.

In accordance with the resolution of the Council on Nov. 24th, 1903, Sir John Tuke and Dr. MacAlister attended a conference with the Consultative Committee of the Board of Education and explained

to that body the relations of the Council to the question of examinations in subjects of general education. No official intimation has yet been received as to the conclusions arrived at by the Consultative Committee of the Board of Education on the important suggestion that a system of school leaving examinations for England and Wales should be established.

Dr. NORMAN MOORE seconded the motion which was agreed to.

Students' Registration Committee.

Sir HUGH BEEVOR proposed that the report of the Students' Registration Committee be received, entered upon the minutes, and adopted.

This was agreed to.

The Council then adjourned till Tuesday.

TUESDAY, MAY 31ST.

The reports of the Education Committee and Finance Committee were received and adopted, the latter report showing a deficit on the year's working of the Council of £2165 1*s.* 8*d.*

Mr. Tomes was elected joint treasurer of the Council and the Finance, Executive, and Penal Cases Committees were chosen.

The Pharmacopœia report was received, when on the motion of Mr. JACKSON a resolution was passed in favour of the Weights and Measures (Metric System) Bill now before Parliament.

After debates upon the registration of joint stock companies as dentists and upon the systematic canvassing on behalf of medical men for subscribers to sick clubs, which will be reported in our next issue, the session came to a close.

THE CENSUS OF INDIA OF 1901.[1]

VERY few people in this country realise all that is comprehended in the word India, its extent of territory and varieties of climate, its huge population and the diversities among its peoples, races, and tribes, in language, caste, religious beliefs, habits and customs. But these voluminous reports, which are a very mine of information on these subjects, will give some idea of how stupendous was the task of numbering nearly 300,000,000 of people under the conditions that obtain in that country. The census of 1901 was the third general census of India and is the most complete yet taken, only a few disturbed tracts in Burma and part of Baluchistan being omitted. Of the total of India, 1,766,597 square miles, 61·5 per cent. is under direct British administration, as is also 78·8 per cent. of the total population, 294,361,056. The Native States comprise over a third of the area with less than one quarter of the population. The largest British province is Burma but by far the most populous is Bengal, which also embraces the most varied physical conditions and the most heterogeneous races. Among the Natives States, Haidarabad, with its 11,000,000 people, stands first. Having started, however, with this brief statement illustrative of the comprehensive character of the work we may say at once that it is not our purpose to deal so much with the statistical portion of it, with its colossal figures and tables, as to pick out here and there some few points which have struck us in going through Part I. of the report as of medical and general interest. These will serve at the same time to afford some indication of the nature and scope of the inquiries instituted and of the great learning and thoroughness with which Mr. Risley, C.I.E., and Mr. Gait, I.C.S., and others have set about and fulfilled their very laborious and absorbing undertaking. The maps, diagrams, and tables are all excellent in their way, clear and pertinent to the subjects in hand. When we think, indeed, of all the labour involved in drawing up these records it is not without a feeling of regret that, despite their intrinsic value and scientific interest, they should not command a wider sphere of consideration and influence than so commonly falls to the lot of official reports to do.

Those who are concerned with the study of demography, ethnology, anthropology, linguistic lore, or the subject of caste will find a large amount of interesting, curious, and instructive material the value of which they cannot fail to appreciate. But for such of our readers as with a limited time at their disposal nevertheless desire to make themselves fairly acquainted with this report we would suggest that they should first of all peruse the introduction and then turn to those chapters in which they are most likely to be interested specially, such as the chapters on sex, infirmities, language, marriage, age, and caste.

The third general census of India dealt with in these volumes was taken on the night of March 1st, 1901, and the system and methods employed in the census operations are detailed by Mr. Gait and Mr. Risley in their introductory remarks. Speaking generally, the census returns show a steady increase of population from 1872 to 1901, but the true rate of progress has been far smaller than would appear from the figures and the reasons for arriving at that conclusion are fully and satisfactorily set forth in the report. Confining ourselves to the period from 1891 to 1901 the true rate of increase of the population is estimated to have been only about 1·5 per cent. There was a gain of 3·9 per cent. in the British provinces but it was accompanied with a decline of 6·6 in the Native States.

With regard to the distribution of the population of India, the most important factor affecting the rural distribution is, as may be easily understood from its connexion with grain and food crops, the water-supply. Tracts of country with heavy and regular rainfall are more densely peopled, while relatively rainless regions have the scantiest population, although this again is modified by such influences as the presence of canals, irrigation, and forests. Taking India as a whole, we find that only one-tenth of the people live in towns. While the growth and population of many old Indian towns and cities are stationary or decadent, Calcutta with its suburbs ranks among the 12 chief cities of the world, and Bombay despite all its troubles is a flourishing and stately city. India, taken as a whole, is not over-populated, for two-thirds of the people live on one-fourth of the area. Burma and Assam have made great progress in the decade, but Bombay and the Central and other Provinces of India have been very gravely affected by famines, plague (which alone probably claimed 1,000,000 victims), and other epidemic diseases.

Chapter III. deals with Sex and we are told that while, with few exceptions, the females outnumber the males in all European countries, in India it is the reverse and in the whole country taken together there are only 963 females to 1000 males. The subject is very exhaustively treated and from various points of view, some of which are pretty well known, while others are relatively new. The chapter abounds with much curious information of various kinds and of more or less interest to the medical statistician and anthropologist.

Chapter IV. treats of Infirmities. It is satisfactory to learn that there has been a decided and continued decline in the number of certain classes of afflicted persons—insane, deaf-mutes, blind and lepers—in the last twenty years. This decline is ascribed to better sanitation and medical relief, improved system of food-supply in times of famine, and largely perhaps in the more careful and exact methods of numbering the people. In Travancore statistics were also collected regarding elephantiasis. There is little insanity in India; Eurasians and Parsees are most affected by it. The mental wear and tear and the strain on the nervous system incidental to the severe competition which obtains in Europe have comparatively no place in the East. The evidence as to the effect of the native consumption of ganja in this respect is somewhat conflicting, but that there is a connexion is no doubt true. As regards social practices the theory that consanguineous marriages have a tendency to produce mental unsoundness receives but little support from the census figures. The influence of race and other conditions in connexion with insanity is discussed and is followed by a consideration of deaf-mutism and leprosy. The latter disease has a very localised prevalence in India. The results of Mr. Jonathan Hutchinson's investigations into the causation of leprosy together with those of the Indian Leprosy Commission and of the Berlin International Conference are passed in review.

Chapter VII. is devoted to "Language" and the subject of Indian languages is handled in expert style. It is

[1] Census of India, 1901. Two vols. By H. H. Risley, I.C.S., C.I.E., Officer of the French Academy, Corresponding Member of the Berlin Anthropological Society, and E. A. Gait, I.C.S., Fellow of the Royal Statistical Society, Anthropological Secretary to the Asiatic Society of Bengal, Calcutta: Office of the Superintendent of Government Printing, India. 1903. Vol. I., 7*s.* 6*d.*, pp. xxv.–562; Vol. Ia., 6*s.*, pp. 502.

headed by a quotation from John Hunter, the father of modern surgery, which is appropriate seeing how many members of the Indian Medical Service have contributed to our knowledge of Indian languages. In the range of philological research there is nothing more provocative of our keen curiosity than the discovery of a tribe or people who speak a language quite unconnected with that of the people surrounding them. At p. 278 of Part I. of the Report will be found a map showing the localities in which the Dravidian and Munda languages of India are spoken. A small isolated patch of colour in Baluchistan, close to Quetta, indicates one islet of the Brahui language, which reminds us that in 1887 Surgeon-Major Theodore Duka, I.M.S., M.R.A.S., a Hungarian by birth, published an excellent and learned essay on the Brāhūi grammar after the German of the late Dr. Trumpp of the University of Munich and in 1874 the late Dr. Bellew, I.M.S., as an appendix to his work "From the Indus to the Tigris" (Trübner and Co.) added a short grammar and vocabulary of the same tongue. It may be useful to those interested in this study to be referred here to vol. v., Part I., of the Linguistic Survey of India, compiled and edited by G. A. Grierson, C.I.E. (Calcutta Government Printing Office, 1903), which deals with the Indo-Aryan family. The survey enumerates altogether 147 languages recorded as vernacular, but as regards their variety and distribution the reader must consult the report. In language, as in other things, India is a land of contrasts—some languages with very rich and others with the most limited vocabularies, some with no past and others with a past of 30 centuries.

In attempting to review this voluminous report we have fully realised the meaning of *embarras de richesses*, for we are compelled to pass over those sections dealing with occupation, religion, marriage, age, caste, tribe, and race. In nothing is the contrast so strong between India and Europe as in marriage and the information in the report is instructive and well worth reading. As regards religions we may say that out of the total Indian population in 1901 70 per cent. were Hindus, 21 per cent. were Mahomedans, 3 per cent. were Buddhists, and 1 per cent. were Christians.

EPSOM COLLEGE.

THE annual general meeting of the governors of Epsom College was held at the offices in Soho-square on May 27th, when there was a good attendance, including Dr. C. Holman (treasurer), in the chair, Dr. J. H. Galton, Mr. Stamford Felce, the Rev. E. W. Northey, Dr. J. Roberts Thomson, Mr. George C. Croft, Sir R. Douglas Powell, Dr. G. Eastes, Mr. H. W. Kiallmark, Sir W. S. Church, Dr. M. Baines, Mr. W. A. Propert, and Mr. Reginald Harrison. The secretary having read the notice convening the meeting announced the result of the voting, the successful candidates being as follows:—

PENSIONERS.

	Votes.		Votes.
Sudlow, Rebecca E.	5969	Elliott, Eliza...	4381
Thurgar, Caroline E.	5875		

FOUNDATION SCHOLARS.

Sheperd, Charles L. W. ...	8138	Mortlock, Wm. K.	6827
Walker, Wm. J. G.	7534	Bright, H. Norman	5434
Kenny, Hilary A. H. S. ...	7284	Corry, Eric V.	4536

In moving the adoption of the annual report and the income and expenditure account the treasurer adverted to the loss which the institution had sustained in the death of Sir Edward H. Sieveking, M.D. Edin., a Vice-President, one of the honorary consulting physicians, and for very many years a member of the council. He referred to the services rendered to the institution in its early days by Sir Edward Sieveking, who was the first honorary secretary of the College and whose interest in its work continued until his death. The report showed a surplus of income over expenditure of £2763, but this was entirely owing to the most successful festival dinner which was held last June under the presidency of the Prince of Wales, when the record sum of about £7000 was collected. He announced that he had just received through Mr. Reginald Harrison a munificent donation of £500 from Mr. Thomas Moreton, J.P., honorary local secretary and treasurer for Northwich. In giving this donation Mr. Moreton had made no reserve, thus leaving the Council discretion to use the money as it deemed best. Referring to the change of name effected at the extraordinary general meeting in November the treasurer said that whilst those who were familiar with the work of the College had confidence in the result of that change there was naturally some doubt as to how the general public would receive it. So far as he could judge the change was almost generally welcomed and not only had contributions been coming in freely but this term there was one of the largest entries of new boys on record. He reminded the governors of the progress made by the College in recent years, for whilst there was a debt of £7000 when he accepted the office of treasurer 17 years ago, at the present time the institution was out of debt with the exception of a mortgage of £10,000, but to set against this there were over 80 acres of freehold land apart from the extensive buildings. In conclusion he announced the numbers of the respective classes of boys in the school as follows: 49 foundationers, nine council exhibitioners, 133 other boarders in the College, 34 boarders in masters' houses, and 10 day boys.

The report having been adopted formal business was proceeded with, including the re-election of the auditors and the appointment for a further period of three years of the following members of the council: Dr. Matthew Baines, Dr. Charles Drage, Mr. George P. Field, Sir R. Douglas Powell, Bart., Dr. A. E. Sansom, Mr. Clement L. Smiles, Dr. J. Roberts Thomson, Mr. Hugh E. Vardon, Sir Arthur T. Watson, Bart., K.C., and Colonel Gordon Watson. A vote of thanks to the chairman, proposed by Sir R. Douglas Powell, concluded the proceedings.

ASYLUM REPORTS.

Bristol City and County Asylum, Fishponds (Annual Report for 1903).—The average number of patients resident during the year was 854, comprising 386 males and 468 females. The number of cases admitted during the year amounted to 226—viz., 109 males and 117 females. Of these 194 were first admissions. Dr. Harry A. Benham, the medical superintendent, states in his report that the Bristol board of guardians has determined to provide new buildings for their insane inmates, equipped with all modern improvements, an arrangement which will enable chronic patients of the asylum to be transferred thither from time to time as may be considered expedient. Plans for the scheme of extension of the asylum are in course of preparation and new flushing cisterns have been fixed to lavatories in various parts of the house. A pump has been erected to supply the greenhouses with water and a new ironing machine has been purchased for the laundry. "The whole of the recently acquired land is now under cultivation. We were able to supply 36½ tons of potatoes to the institution during the year." The number of cases discharged as recovered during the year amounted to 109—viz., 53 males and 56 females, or 12·7 per cent. of the average number resident. The deaths during the year amounted to 91, or 10·6 per cent. as calculated on the same basis. Of the deaths two were due to cardiac disease, five to epilepsy, ten to renal disease, 11 to congestion of the lungs, 12 to general paralysis of the insane, 13 to senile decay, 16 to pulmonary and other forms of tuberculosis, and the rest to other causes. Post-mortem examinations were made in 81 cases of death. The Commissioners in Lunacy state in their report that all parts of the asylum continued to be maintained in excellent order, that the wards were tastefully decorated and plentifully supplied with objects of interest, that the dormitories were light and clean, that the patients were in a thoroughly satisfactory condition as regards clothing and personal neatness, and that the medical case-books were well kept. Pathological work is also done by the two assistant medical officers of the institution. There have been no cases of zymotic disease during the year and no inquest has been held. Only one serious casualty occurred in the case of a female patient who accidentally fell and fractured her forearm. The committee of management states in its report that among the patients are included three males and 12 females who are private patients, the rest being chargeable to the county.

East Sussex County Asylum, Haywards Heath (Annual Report for 1903).—The average number of patients resident during the year was 873, comprising 373 males and 500 females. The admissions during the year amounted to 311—

viz., 169 males and 142 females. Of these 230 were first admissions. Dr. E. B. C. Walker, the medical superintendent, states in his report that 86 of the 124 male admissions, excluding transfers and second admissions, and 84 of the 141 female admissions were hopeless as regards prospect of recovery and that 33 males and 38 females were on admission over 55 years of age. The number of patients discharged as recovered during the year amounted to 61—viz., 27 males and 34 females, or 6·9 per cent. of the average number resident. The deaths during the year amounted to 92—viz., 53 males and 39 females, or 13·7 per cent. as calculated on the same basis. Of the deaths three were due to renal disease, four to pulmonary tuberculosis, six to pneumonia, seven each to senile decay and to cardiac disease, nine to epilepsy, 20 to general paralysis of the insane, and the rest to other causes. Four coroner's inquests were held during the year. In two of these death was found to be due to natural causes. The other two were cases of fracture of the hip and leg respectively, accidentally sustained, and verdicts were given in accordance with the evidence, exonerating the asylum officials from blame. The asylum has been free from infectious disease with the exception of one case of scarlet fever. The case was that of a nurse who was found to have the disease on the third day after joining the staff. In November, owing to the accommodation for female patients at the asylum proving inadequate, 15 were transferred to the Lincolnshire County Asylum under contract. This relief to the pressure for room proved to be sufficient until the opening of the new East Sussex County Asylum at Hellingly, which took place in July, when 50 male and 50 female patients were removed there. The Commissioners in Lunacy state in their report that all parts of the asylum were found to be in a satisfactory condition, that the wards were bright and comfortable, that the dormitories and bedding were clean and in good order, and that the medical case-books were carefully and well kept. The committee of management states in its report that in consequence of the removal of a number of patients to East Sussex Asylum at Hellingly the sanatorium, which had been used for some years as an annexe, was on August 1st closed for accommodation of ordinary patients and the temporary buildings were closed a month later, those attendants and nurses who had been engaged for service in the latter receiving notice to leave. The necessary and ordinary repairs of the buildings were carried on, as hitherto, to the end of September.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In 76 of the largest English towns 7137 births and 4507 deaths were registered during the week ending May 28th. The annual rate of mortality in these towns, which had been 14·9, 16·1, and 15·5 per 1000 in the three preceding weeks, further declined to 15·4 per 1000 last week. In London the death-rate was 14·3 per 1000, while it averaged 15·8 per 1000 in the 75 other large towns. The lowest death-rates in these towns were 3·9 in King's Norton, 5·5 in Devonport, 8·7 in Willesden and in Handsworth (Staffs.), 9·4 in Leyton, 9·6 in Hornsey, and 10·5 in Ipswich; while the highest rates were 19·9 in Bradford, 20·1 in Plymouth, 20·4 in Sunderland and in South Shields, 20·7 in Rochdale, 21·3 in Burnley, 21·7 in Warrington, 22·0 in Bootle, and 22·8 in Hanley. The 4507 deaths in these towns last week included 519 which were referred to the principal infectious diseases, against 514, 525, and 528 in the three preceding weeks; of these 519 deaths 205 resulted from measles, 163 from whooping-cough, 57 from diarrhœa, 41 from diphtheria, 27 from scarlet fever, 22 from "fever" (principally enteric), and four from small-pox. No death from any of these diseases was registered last week in Hastings, Reading, Ipswich, Burton-on-Trent, Handsworth (Staffs.), King's Norton, Smethwick, Grimsby, Preston, Stockton-on-Tees, or Tynemouth; while the highest death-rates from the principal infectious diseases were recorded in Aston Manor, Coventry, Birkenhead, Wallasey, Salford, Blackburn, Rotherham, and Rhondda. The greatest proportional mortality from measles occurred in Croydon, Walthamstow, Brighton, Birkenhead, Wallasey, Burnley, Middlesbrough, Leeds, and Rotherham; from whooping-cough in Plymouth, Walsall, Aston Manor, Coventry, Birkenhead, Bootle, Bolton, Blackburn, and Merthyr Tydfil; and from diarrhœa in Hanley and West Bromwich. The mortality from scarlet fever, from diphtheria, and from "fever" showed no marked excess in any of the large towns. Of the four fatal cases of small-pox registered in these towns last week two belonged to London, one to Stockport, and one to Bradford. The number of small-pox cases under treatment in the Metropolitan Asylums hospitals, which had been 88, 93, and 96 at the end of the three preceding weeks, had risen again to 118 at the end of last week; 33 new cases were admitted during the week, against 14, 26, and 18 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday last, May 28th, was 1653, against 1590, 1600, and 1630, on the three preceding Saturdays; 194 new cases were admitted during the week, against 242, 239, and 222 in the three preceding weeks. The deaths in London referred to pneumonia and diseases of the respiratory system, which had been 193, 231, and 210 in the three preceding weeks, further declined last week to 188 but were slightly in excess of the number in the corresponding period of last year. The causes of 52, or 1·2 per cent., of the deaths in the 76 towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in West Ham, Bristol, Nottingham, Leeds, and in 46 other smaller towns; the largest proportions of uncertified deaths were registered in Birmingham, St. Helen's, Manchester, Blackburn, Preston, and South Shields.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in eight of the principal Scotch towns, which had been 18·0, 17·9, and 18·7 per 1000 in the three preceding weeks, declined again to 17·6 per 1000 during the week ending May 28th, but was 2·2 per 1000 in excess of the mean rate during the same period in the 76 large English towns. The rates in the eight Scotch towns ranged from 14·9 in Paisley and 15·3 in Aberdeen, to 20·0 in Edinburgh and 21·5 in Perth. The 582 deaths in these towns included 29 which were referred to whooping-cough, 15 to diarrhœa, 12 to measles, three to diphtheria, two to scarlet fever, and one to small-pox, but not any to "fever." In all, 62 deaths resulted from these principal infectious diseases last week, against 64, 75, and 58 in the three preceding weeks. These 62 deaths were equal to an annual rate of 1·9 per 1000, which was slightly in excess of the mean rate last week from the same diseases in the 76 large English towns. The fatal cases of whooping-cough, which had been 25, 28, and 21 in the three preceding weeks, rose again last week to 29, of which nine occurs in Glasgow, nine in Dundee, five in Edinburgh, and four in Aberdeen. The deaths from diarrhœa, which had been 15 and 13 in the two preceding weeks, rose again to 15 last week, and included five in Glasgow, five in Edinburgh, three in Dundee, and two in Aberdeen. The fatal cases of measles, which had been 17 and 16 in the two preceding weeks, further declined last week to 12, of which three were registered in Dundee, three in Paisley, two in Glasgow, two in Edinburgh, and two in Greenock. Of the three deaths from diphtheria two belonged to Glasgow, where the fatal case of small-pox also were registered. The deaths referred to diseases of the respiratory organs in these towns, which had been 100, 90, and 97 in the three preceding weeks, declined again last week to 85, and were 29 below the number in the corresponding period of last year. The causes of 20, or nearly 3 per cent., of the deaths registered in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 23·1, 21·6, and 21·9 per 1000 in the three preceding weeks, declined again to 21·3 per 1000 during the week ending May 28th. During the past four weeks the death-rate has averaged 22·0 per 1000, the rates during the same period being 15·2 in London and 17·6 in Edinburgh. The 155 deaths of persons belonging to Dublin registered during the week under notice showed a decline of four from the number in the preceding week and included eight which were referred to the principal infectious diseases, against 18, 17, and 13 in the three preceding weeks; of these, four resulted from whooping-cough, two from scarlet fever, one from "fever," and one from diarrhœa, but not any from small-pox, measles, or diphtheria. These eight deaths were equal to an annual

rate of 1·1 per 1000, the death-rates last week from the principal infectious diseases being 1·7 in London and 2·2 in Edinburgh. The fatal cases of whooping-cough, which had been 11, ten, and five in the three preceding weeks, further declined last week to four. Two deaths from scarlet fever were recorded, against one in each of the two preceding weeks. The 155 deaths in Dublin last week included 26 of children under one year of age and 31 of persons aged 60 years and upwards; the deaths of infants exceeded the number in the preceding week, while those of elderly persons showed a considerable decline. Two inquest cases and two deaths from violence were registered, and 62, or two-fifths, of the deaths occurred in public institutions. The causes of 12, or nearly 8 per cent., of the deaths in Dublin last week were not certified.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following qualified candidates for the Naval Medical Service have been appointed Surgeons in His Majesty's Fleet:—Harry Arthur Kellond-Knight, Hugh Bernard German, Douglas Duke Turner, Alfred Berridge Cox, Gordon Moir, Briton Smallman Robson, Alfred Austin Chancellor, Norman Bremer Vickers Jacob, Herbert Stone, Gerald Nunn, Bryan Pick, William Lawrence Hawkins, John Herbert McDowall, George Eric Hamilton, John Duncan Keir, George Oswald Morrell Dickenson, Alex Bedingfeld Marsh, James McCutcheon, John Miller Gordon, William Christian Baumgarten Smith, Thomas Edward Blunt, Leslie Charles Robinson, Francis Edwin McCune, Frank Reginald Featherstone, and Walter Turner Haydon (dated May 23rd, 1904).

The undermentioned gentleman has been appointed Surgeon in His Majesty's Fleet:—William Nichols Horsfall (dated May 23rd, 1904).

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel J. Carmichael has joined at Warley for duty. Captain O. Challis is posted to the Station Hospital, Colchester, for duty. Captain W. R. P. Goodwin is selected to officiate as Personal Assistant to the Principal Medical Officer, Punjab Command.

THE ROYAL MILITARY TOURNAMENT.

A better exhibition of military smartness, nerve, and muscle than that presented at the Royal Military Tournament has never previously been seen at the Agricultural Hall. Compared with other years there is less spectacular effect, but from a purely physical point of view it would be difficult to improve on the present tournament. The first item of the programme which attracts attention is the splendid display by the staff of the headquarters gymnasium at Aldershot who illustrate a method of gymnastic training that not only develops the muscles but quickens the intellect in a remarkable degree. In previous years we have described similar exercises performed by non-commissioned officers under training and by recruits from the marine depôt at Deal and now we have an opportunity of witnessing the performances of the instructors themselves. To those who look beneath the surface of things it is perhaps the finest part of the tournament. Then there is the 12 pounder gun drill by the seamen of H.M.S. *Excellent* and the manner in which the guns are dismounted and remounted, manœuvred, and lifted over a four-foot wall shows clearly that the ability and resource said to be possessed by the men of our navy is no fiction but an absolute fact. The display by the Royal Marine Artillery is another item illustrating the smartness and resource of our "soldier sailors." A five-inch B.L. gun weighing two tons is placed with its mounting as used on board ship and weighing 42 hundredweights, together with the necessary stores on a wagon (total weight six tons), and drawn into the arena. The gun is then mounted by means of an extemporised gin, brought into action, fired, after which the gin is "struck," dismounted, and replaced in the wagon. The display by the Army Service Corps, too, will be watched with interest. The usual displays of riding, jumping, tent-pegging, combats between various arms, the musical drive by the Royal Artillery, the Royal Horse Artillery galloping, Royal Field Artillery trotting, and other items common to the tournament are carried out in a manner which does credit to all concerned. The musical drive of the 1st Life Guards is a fine performance of its kind and always receives the applause it undoubtedly deserves. On the latter days of the tournament this drive will be performed by the 21st Lancers. The pageant representing the rise of the Royal Artillery is an object lesson in British history, introducing the bombard and matchlock of the Middle Ages and various engines of war from Crecy to the Boer war with its 12-pounders and "pom-poms." Pushball as played by a team of the Royal Horse Guards is a performance at once clever and amusing, the horses entering into the spirit of the game, and this quality of the horse is exhibited in a still more remarkable degree in the contest between four mounted men from the riding establishment at Canterbury and four horses with dummy riders. The object of the mounted men is to strike with their swords from the helmets of the dummies paper plumes. The clever manner in which the horses with their dummy riders escape from the mounted men must be seen to be appreciated, while the ludicrous way in which the dummies jerk their limbs about in consequence of the motion of the horses keeps the spectators in a constant roar of laughter. The resources of the executive committee in providing fresh features for the annual tournament seem to be unlimited, but it will be difficult for it to equal the entertainment which it has provided for the public this year.

The sanitary arrangements are as good as the medical officers in charge of the tournament can make them, considering the limited space which a building like the Agricultural Hall, never intended for military shows on such a large scale, allows, and the same thing applies to the comfort of the spectators. It is, however, unfortunate that a larger and more suitable home cannot be found for an entertainment which, in addition to its principal objects of encouraging and developing skill at arms and of benefiting military charities, must of necessity educate the public in naval and military matters and act as an important aid to recruiting. While congratulating the executive committee and the staff generally upon the success of the present tournament we would ask them to consider whether it would not be possible to make its scope still wider and to enlarge its sphere of usefulness by transferring it to a building more suited to large military displays and where the public would have a better opportunity of seeing a bird's eye view of the two services with their auxiliaries which have helped to build our great Empire. The tournament will close on June 9th.

H.H. PRINCE ALEXANDER OF BATTENBERG.

Midshipman H.H. Prince Alexander of Battenberg, who is serving in the *Cæsar*, flagship of Vice-Admiral Lord Charles Beresford, has been seriously ill on board the hospital ship *Maine*, suffering from pneumonia, but is now reported convalescent.

THE WAR IN THE FAR EAST.

That a series of successes on the part of the Mikado's land forces have followed on the great initial one obtained by the Japanese fleet has now become patent to everyone. The two big defeats of the Russians on the Yalu and at Kin-Chau with the capture of 78 Russian guns at the latter battle have been followed by the occupation of Dalny—the great Russian mercantile port and harbour—by General Oku's troops, and a renewed attempt has been made by Admiral Togo to complete the "bottling up" of Port Arthur on the side of the sea. Nor is this all. What happened in the Franco German war and in the late Boer war in the case of the "entanglement" of Ladysmith seems likely to be repeated in the case of Port Arthur which begins its siege with the return of the defeated troops from Kin-Chau bringing with them their wounded to occupy its military hospitals. Assuming that 500 dead Russian soldiers were found by the Japanese after Kin-Chau and that the proportion be taken as four wounded to one killed we may estimate the Russian losses at 2000 at least on that occasion. Kuropatkin with his force at Mukden is in the meantime placed in a most difficult position owing to his very natural desire not to abandon Port Arthur and to leave its garrison to its fate. With Japanese forces to his rear and in his vicinity ready to cut his troops off from their base the situation is obviously one of perplexing jeopardy. The revelation of so much preparedness, strategic skill, daring, and discipline on the part of the Japanese, their minute attention to details, and the splendid coöperation of their army and navy in the work before them have probably

caused more astonishment on the continent than in this country. And yet the Japanese troops who took part as a contingent in the operations in China some four years ago made a very powerful impression on General Frey who was then in command of the French troops. The General wrote of the Japanese contingent on that occasion in terms of surprise and the highest admiration. From all we can learn from our own naval and military medical officers who have had personal experience and intercourse with the Japanese they were greatly impressed with their care, skill, and thoroughness in all they undertook. So much, as everyone knows, turns in war on commissariat and transport, and in the case of the Russians a good deal of the sickness among the troops in Manchuria is alleged to be attributable to the character of the clothing, supplies, and food-stuffs furnished by dishonest contractors. The Japanese medical officers are reported to have shown every attention and consideration to the Russian wounded and prisoners that fell into their hands and the Russian medical officers worked in the same spirit among the Japanese sick and wounded. Among the items of news we learn from Peking that an Imperial Order has been issued for the establishment of a Chinese Red Cross Society under the terms of the Geneva Convention.

Some days ago, says the *Novoe Vremya*, two complete portable mechanical medical disinfecting rooms, made by a Warsaw house, were despatched to the Far East. The whole combination is included in two third-class carriages. In the first there is a plant to treat 30 poods of dry linen (the pood being 36 pounds) consisting of a machine for washing, rinsing, and wringing linen, a steam mangle, and water boiler, &c. In the second carriage there are two disinfecting chambers, one acting with dry steam and the other with formalin. A portable artificial ice-producing machine in a goods wagon is also in course of preparation to make 100 poods of ice a day.

The Odessa branch of the Society for the Preservation of the Public Health has opened subscriptions for the families of medical men killed or wounded in the war and of medical men ordered to the front who require assistance. There has been a generous response to the appeal.

The *Novosti* describes a hospital train consisting of nine goods wagons and two Pullman passenger cars just despatched to the Far East which was fitted up at the expense of the Russian "South-Western Railway" employés. The cost was £3500. The staff attached to this train consists of five physicians, a pharmacist, four field medical officers, 14 sanitary officers, eight servants, three cooks, 14 sisters of mercy, and a steward. The train is abundantly furnished with medicines, linen, and surgical instruments.

The Tsaritsa's hospital train, which is described as the finest railway hospital ever constructed, has left St. Petersburg for the East.

Correspondence.

"Audi alteram partem."

THE INFANT ORPHAN ASYLUM AT WANSTEAD.

To the Editors of THE LANCET.

SIRS,—The Infant Orphan Asylum at Wanstead is a charitable institution, supported by the public, containing over 500 children of both sexes, all of whom are of an age when they are particularly liable to infectious diseases and, even more than adults, require skilled nursing when attacked by illness.

The committee has lately, by refusing to make arrangements for the proper isolation of infectious cases and still more by dismissing its staff of trained nurses, taken so retrograde a step that we think it our duty to call the attention of the public thereto. We ask you, therefore, to find space for the following letter conveying the resignation of our respective positions as consulting physician and consulting surgeon to the asylum.

We are, Sirs, yours faithfully,

W. P. HERRINGHAM.
ANTHONY A. BOWLBY.

May 30th, 1904.

[ENCLOSURE.]

May 3rd, 1904.

To the Chairman of the Infant Orphan Asylum.

DEAR SIR,—Three years ago your committee requested one of your consulting medical staff to report upon the arrangements for the care of cases of sickness occurring at the asylum. The report advised (1) that certain alterations should be made in the existing infirmary; (2) that adequate provision should be made for the isolation of infectious cases and for the disinfection of clothes and bedding by building an isolation block and by purchasing a steam disinfector; and (3) that the infirmary and isolation block should be under the charge of a trained nurse of the status of a hospital sister with at least one trained nurse under her orders.

That report was approved by your committee at the time. Within the last month your committee has decided: (1) "That an isolation block will not be provided." (2) "That trained nurses will be abolished as permanent staff and the infirmary will be under the charge of an untrained head nurse." (3) "That the mild cases now composing and termed out-patients will be treated by their own nurses in the main building."

All these decisions have been arrived at without asking the opinion of any of your medical staff. We have informed you that we consider that these arrangements do not make adequate provision for the health and treatment of the children. These number now more than 500, many of them are babies, and all are of an age at which they are specially prone to many infectious disorders. We consider that so long as our names appear as members of your consulting staff we may be held responsible for these arrangements. We have asked for an opportunity to meet your committee in company with your local medical officer that we may state our opinions and discuss the questions that have arisen. Our request has not been granted and we have therefore no alternative but to tender you our resignation. We reserve to ourselves the right to publish this letter.

We remain, yours faithfully,

W. P. HERRINGHAM, M.D., F.R.C.P.
ANTHONY A. BOWLBY, C.M.G., F.R.C.S.

*** Mr. A. E. Cumberbatch and Mr. W. T. Holmes Spicer, who were consulting aural surgeon and consulting ophthalmic surgeon respectively to the Infant Orphan Asylum, have, we learn, also both resigned.—ED. L.

THE METROPOLITAN STREET AMBULANCE ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—The rapid growth of this association and the necessity of supplying the demand for information on the ambulance question has led to a greater expenditure on postage, printing, and incidental expenses than was anticipated. It has been decided therefore that a fund of about £70 to £80 should be formed from voluntary donations to meet present and future needs. Donations may be sent to Mr. A. A. Bowlby, 24, Manchester-square, London, W., or to me.

I am, Sirs, yours faithfully,

ARTHUR JAMES, Hon. Secretary.

69, Gloucester-terrace, Hyde Park, London, W., May 28th, 1904.

The following donations have been received:—

	£	s.	d.		£	s.	d.
Mr. Reginald Harrison, President	2	2	0	Dr. H. D. Rolleston	1	1	0
Mr. James Berry	1	1	0	Mr. Cuthbert S. Wallace	1	1	0
Mr. A. A. Bowlby	2	2	0	Dr. F. P. Wightwick	0	10	6
Dr. R. J. Collie	1	1	0	P. H.	0	5	0
Dr. F. W. Cock	1	1	0	W. L.	0	2	6
Sir William S. Church	1	1	0	F. W.	0	7	6
Dr. Arthur W. James	2	2	0	J. R.	0	5	0
Sir E. Cooper Perry	2	2	0	M. J.	0	2	6

NEURO-RETINITIS IN CHLOROSIS: A CORRECTION.

To the Editors of THE LANCET.

SIRS,—I regret that in my paper on the above subject[1] I should have inadvertently attributed to Dr. C. O. Hawthorne the suggestion that the primary cause of the optic neuritis was thrombosis of the cavernous sinus whilst it should have read "thrombosis of one or more of the intracranial sinuses or veins."

I am obliged to Dr. Hawthorne for directing my attention to the mistake and also for the lucid explanation of his view, the detailed discussion of which, and of other theories, was beyond the scope of my paper.

I am, Sirs, yours faithfully,

Birmingham, May 31st, 1904. J. JAMESON EVANS.

THE PRESENT STATE OF MEDICAL PRACTICE IN SOUTH AFRICA: A WARNING.

To the Editors of THE LANCET.

SIRS,—I think a few words on the subject of medical practice in South Africa may perhaps prove useful to those of the profession at home who contemplate coming to this part of the world to engage in practice. Prior to the South

[1] THE LANCET, May 14th, 1904, p. 1345.

African war there were many openings both in town and country districts where the average medical man could have made certain of working up a good practice. More especially did this apply to up-country districts in Cape Colony and Natal. Over and over again it has been remarked to me by medical men and laymen alike, "If you go to such and such a place you will be fairly certain to capture the present man's practice, he drinks so heavily," and no doubt many practices have been lost and obtained in this way. It is a sad thing to admit, but many medical men in up-country districts are addicted to alcohol and the morphia habit—chiefly unmarried men I believe. The monotony and loneliness of the life are responsible for this apparently. But I am straying from the point. During the war hundreds of civil surgeons came out from England and at its conclusion a very considerable percentage stayed out here. They obtained all the Government billets in the new colonies—e.g., the district surgeoncies—and with such appointments as nuclei they settled in various parts of the country and many are doing well. The result is that small towns and districts which formerly supported one medical man now have their three or even four. Similarly at the close of the war many new men settled in the large coast towns and in these the profession is certainly overcrowded; there must be many who are hard put to it to make a decent living. A friend of mine who is a well-known practitioner in a large town has calculated that in proportion to population there are more medical men out here than at home and I quite believe it. Of course, in the country, owing to its large extent and scattered population, this must needs be, but in the towns the conditions are the same as at home.

Medical men, unless possessed of considerable means, who contemplate emigration to South Africa, should think well on the matter. I would also point out here the great cost of living. House rent is exorbitant in the large towns and as all the colonies are protectionist the prices are naturally enhanced all round. Fees are higher than at home, of course, ranging from 5*s.* to 7*s.* in towns and according to distance in the country, but these do not compensate for the increased cost of living. To the general practitioner, then, the cry is "full up" at present. There may perhaps be room in the large towns for men who have specialised in diseases of the eye, skin, nose, throat, and ear, especially the former two. Finally, a word of warning may not be out of place to those desirous of buying practices in South Africa. A great deal of caution is needed to avoid being "let in" for a practice which is rapidly diminishing; this refers chiefly to up-country practices. Medical men, in common with every other class, are feeling the pinch of the present depression, but when this passes away and the country begins to expand and immigration to take place on a large scale then, no doubt, there will not only be plenty of room for the men already in practice here but for many more who are desirous of coming. My object in writing these lines will have been attained if they afford food for reflection to those at home who may be looking upon South Africa as an El Dorado (from a medical point of view) in its present state. Apologising for the length of this communication, I am, Sirs, yours faithfully,

Maritzburg, Natal, May 6th, 1904. H. J. W.

A VISIT TO LYONS.

(FROM A CORRESPONDENT.)

LYONS has five general hospitals, with an aggregate of 6000 beds, and it is unnecessary to say that its medical school has a world-wide reputation. The professors themselves consider that one of their great advantages is that every section of the hospitals has its own laboratory, so that the professor in charge can do any research work in which he and his assistants are interested without being at the mercy or the good nature of a colleague who may easily be less interested in their particular line of investigation. A statue is being erected to Dr. Ollier, a noted surgeon of the town, who was the first to point out the need of preserving the periosteum in resections of bones and excisions of joints. There are still living some of his old operation cases dating from the war of 1870.

The students are engaged in hospital work during their second, third, and fourth years, and besides passing five examinations they still have to write a thesis. The total fees of their medical course only amount to £56, which is enough to make the parents of London students envious. Each student who passes successfully becomes a doctor of medicine and there is some talk of instituting a higher title such as "doctor of medical science" for those who wish to pass an honours examination and to qualify themselves for teaching posts. The old title of "officier de santé," which was a much lower qualification, now no longer exists. There are in Lyons 1500 medical students, including 45 ladies all of whom are Russian Nihilists except three or four French women. The Russian ladies are always poor, subsisting on bread and tea, and living two or three in one room. After being qualified they are employed by the Russian Government as country practitioners. The French lady doctors occasionally make successful practices in Paris but not in the provinces. At the last examination for 40 "internes" a lady student (a French Protestant) was elected at their head. This examination takes place once a year, when about 150 of the best students compete in their third year to become "internes." The successful competitors are kept by the State for four years and the best of them eventually become assistants of various kinds and later professors. For some unknown reason the French women refuse to become druggists. An interesting relic of old times exists in the diploma which is still given to herbalists who are mostly women. Candidates must bring a certificate of being 21 years of age and of good moral character, after which they are examined in their knowledge of medical plants, which includes the gathering, drying, and preparation of the plants. Although Lyons is the leading commercial city of France it has had almost exclusively for a hundred years a medical man as mayor. Each mayor is appointed for six years, so he has time to introduce hygienic reforms.

The Hôtel Dieu with 1200 beds is the oldest and chief hospital, dating from the eighth century, and is now about to be demolished and turned into public museums and libraries. The patients will be transferred to two new hospitals which are to be built outside the town. The large wards are now crammed with patients in four rows of beds, so that only half the sick can ever be near the windows. The windows were mostly shut at my visits, the air seemed stagnant, and it was a relief to get into the corridors and staircases outside the wards. The patients looked anæmic, but this was perhaps due to the great number of tuberculous cases, for there is as yet no hospital for consumption in Lyons. This question has already been before the university, for it is stated that phthisis is on the increase in France. The hospital corridors and many public places were furnished with spittoons attached to the walls, with plentiful notices to prevent all spitting on the floors. In the operating theatres the surgeons have made most gallant efforts to prevent septicism, but the wards are so irretrievably bad that but little can be done there. The whole hospital is nursed by old-fashioned *sœurs de charité* in stuff dresses, devoted pious women quite certain to go to heaven themselves but not always calculated to prevent their patients going there prematurely! Professor Gayet showed me a splendid collection for a future album of enlarged photographs of sections of eyes, and I noticed in his ophthalmic wards that all the windows were draped with dark blue curtains which were only drawn back when it was necessary to examine the eyes.

The medico-legal museum is a unique and valuable collection of photographs, weapons, stabbed organs, fractured skulls, poisons, and models of all kinds. There is the dagger which the Italian assassin thrust into the liver of President Carnot in one of the principal streets of the town, and a piece of string which after being passed into a male urethra was found spontaneously knotted in the bladder. Dr. Lortet, professor of parasitology, kindly allowed me to see his splendid collection of parasites, mostly shown by lantern slides and photographs, demonstrating their effects on the human body. The photograph rooms of the medical side of the university are very well fitted up. Professor Arloing conducted me over the veterinary department where there were five horses in use for preparing antidiphtheritic and antitetanus serums. The energetic Dr. J. Courmont is professor of hygiene, physician of one of the hospitals, and also sanitary inspector of the town. His hygienic laboratory is the newest and most complete in France, with centrifugalisers and other instruments worked by electricity, and a museum of sanitary appliances. Among the students walking about were many in uniform who belong to that portion of the

school which provides medical officers for the army. Besides the medical side the university has three other departments, those of law, science, and arts, and publishes a weekly journal, the *Lyon Universitaire*.

The public museum is very rich in palæontology and prehistoric remains, among which is a female skeleton showing obviously syphilitic nodes on the tibiæ; this skeleton was found with mammoth reindeer remains and flint axes and is believed to date from the palæolithic period. The museum building was a convent before 1789 and it contains many secret galleries in the thickness of the walls and hidden staircases which enabled the mother superior to see what her young flock was doing. It was frequented by girls of good family who voluntarily took vows of celibacy in order to give their marriage portions to their brothers who were cutting a gay figure in the army. In spite of the secret galleries the skeletons of 500 fœtuses and newly-born children were lately found in a pit while making some alterations.

THE GERMAN CONGRESS OF INTERNAL MEDICINE.[1]

(FROM OUR BERLIN CORRESPONDENT.)

(Concluded from p. 1537.)

The Heart and Arteries in Enteric Fever.

Dr. WIESEL (Vienna) said that he had investigated the anatomical condition of the heart and arteries in 12 patients who had died from enteric fever. He found that in the majority of cases interstitial myocarditis, as described by Dr. Romberg, was present, together with marked contraction of the fibres. It was remarkable that the connective tissue was difficult to stain and that the stained outline of the nuclei of the muscle cells of the heart was pale. As to the arteries he found that the elastic tissue was atrophied and showed granular degeneration.

Dr. ORTNER (Vienna) said that he had frequently found in enteric fever that the second sound of the aorta was accentuated. In his opinion the arterio-capillary circulation was feeble and an increased action of the heart was therefore necessary; the apex beat was at the same time more resistant. Death was caused in enteric fever by a paresis of the vasomotor nerves and anatomical lesions of the heart muscle. As a symptom hitherto unobserved he described dicrotism of the capillary pulse. In a case of slight insufficiency of the aorta in a patient suffering from enteric fever he observed that, together with an increase of the intensity of the second sound of the aorta, the diastolic murmur decreased and even disappeared. When the temperature was brought down to normal by the administration of pyramidon the murmur reappeared and the intensity of the second sound decreased. When the administration of pyramidon was discontinued the previous condition of matters was restored. The same conditions were met with by Dr. Ortner in influenza, miliary tuberculosis, and pyæmia.

Exploratory Puncture of the Skull.

Dr. NEISSER (Stettin) reported that he had performed exploratory puncture of the skull in the case of patients showing symptoms of marked cerebral pressure where the position and nature of the anatomical lesion could not be ascertained with sufficient accuracy to justify a surgical operation. He used for that purpose a very small trephine and introduced into the aperture a syringe provided with a blunt-ended cannula. In some cases the lesion was localised in this way; in others a direct remedial action was observed. The grave symptoms at once disappeared in the case of an old extradural hæmatoma, in hæmorrhagic pachymeningitis, and in a cyst of the cerebellum. In the last-mentioned case the operation of puncture had to be repeated several times in order to keep up the beneficial effect. The patients on whom the operation had been performed were shown to the Congress and were evidently in good health.

Spray Inhalations.

Dr. REITZ (Mitterfels) described an apparatus by which fluids might be converted into spray in a state of extremely fine division. Experiments in animals showed that this spray penetrated to the alveoli of the lungs. He also ascertained that certain drugs when inhaled in this way appeared in the urine, so that they were likely to be absorbed by the pulmonary circulation.

Hæmolysis.

Dr. KÖPPE (Giessen) explained his views with regard to the causes of hæmolysis. He considered that the permeable walls of the red corpuscles were injured by the great difference of osmotic pressure within and without the cells. In addition to this, which might be called "water hæmolysis," several other forms of hæmolysis might be enumerated. "Heat hæmolysis" was produced by temperatures between 63° and 68° C. The red blood corpuscles then became "laked" and Dr. Köppe believed that they melted at these temperatures. "Acid hæmolysis" was produced by the action of very small quantities of acid, such as a tenfold dilution of centinormal sulphuric acid. Hæmolysis occurred first and then the hæmoglobin became brown. In addition to the nature and dilution of the acid the temperature and the duration of the reaction were essential factors in the process. "Alkali hæmolysis" was another form; in it also the result depended on the nature and dilution of the alkali, the temperature, and the duration of the reaction. Hæmolysis might also be produced by substances which dissolved fatty matters and this fact presented points of interest. The solvents in question included alcohol, acetone, ether, and chloroform. The melting point of the red corpuscles depended on the temperature and on the degree of dilution of the solvents. Dr. Köppe concluded from his experiments that the walls of the red corpuscles must contain a fatty substance and he succeeded in finding this substance which was left behind after hæmolysis; it was not soluble in water but might be stained by methyl-violet. It was very probable that an albuminous substance was also present in the walls of the red corpuscles. Sometimes different forms of hæmolysis acted simultaneously, in which case they might support, or weaken, or even neutralise, each other's action. Among the solvents of fatty bodies, some which were but feebly soluble in water (chloroform and toluol, for instance) had a hæmolytic action only at a high temperature; the melting point of the red corpuscles in chloroform water was, however, lower than their normal melting point. By the determination of the melting point sometimes the presence of a hæmolysing substance might be ascertained. In ether or chloroform anæsthesia the melting point of the red corpuscles was lowered. When, however, previously to and after the anæsthesia the melting point of the red corpuscles in solutions containing the anæsthetic was determined it proved to be higher after the anæsthesia than before, showing that the red corpuscles had become more resistant to the action of the anæsthetic. Serum hæmolysis was different from the above kinds of hæmolysis; in order to appreciate the difference not only the melting point of the red corpuscles but also their coagulation point must be known. In hæmolysis of human blood by the blood serum of cats the coagulation point was raised proportionately to the quantity of the cat serum. It was probable that the albuminous substance of the walls of the red corpuscles was attacked by the serum; it was not yet decided whether different sera and toxins produced the same or different forms of hæmolysis.

The Therapeutic Action of Artificial Fever.

Professor DEHIO (Dorpat) said that by injections of sterilised solutions of Witte's peptone he had produced fever and by this means had been able to cure some cases of chronic infectious diseases—for instance, of 13 cases of lupus ten were cured, while three were not improved. In three of the cured cases a relapse occurred afterwards. In six patients suffering from secondary syphilis of recent date all the symptoms disappeared in four cases, while two were not improved. Two patients suffering from acute gonorrhœa recovered in four or five days but in chronic cases no beneficial effect was obtained. Inflamed bubo was absorbed without suppuration, a case of chronic cystitis which had resisted the usual treatment was permanently cured, but a case of tuberculous cystitis and one of ordinary chronic cystitis were not improved. An excellent result was also observed in syphilitic and atonic ulcers of the lower leg after other methods of treatment had not been of any benefit to the patients.

Metabolism in Fever.

Dr. STAEHELIN (Basle) gave an account of researches on metabolism, the phenomena being observed in a dog to

[1] For this report we wish to tender our thanks to the editor of the *Deutsche Medicinische Wochenschrift*, through whose courtesy it has been forwarded to us by our correspondent.

which surra disease had been communicated by inoculation. The Pettenkofer apparatus was used and the production of heat was measured by indirect calorimetry. The production of heat rose one day 45·6 per cent. and was greater than could be accounted for by the toxogenic disintegration of albumin. Dr. Staehelin came to the conclusion that in fever an increased metabolism of albumin was not the only process involved, as was proved by the decomposition of glycogen and the excretion of acetone.

Dr. MOHR (Berlin) said that in fever the excretion of carbon in the urine was not increased relatively to the excretion of nitrogen, a fact which showed that there was no considerable alteration of the metabolism.

Diet in Cholelithiasis.

Dr. CLEMM (Darmstadt) said that a sufficient flow of bile was the best means of counteracting inflammations of the bile passages. This result was most easily obtained by the use of a mixed diet containing plenty of lean meat and also of fatty substances (Fett- und Fleischnahrung); the cholagogic action of lean meat was powerful but of short duration, whilst that of fatty substances was more prolonged. The fat of milk in the form either of fresh or sour cream or of butter, the fat of the yelk of egg, salad oil, and raw smoked bacon were the best. The fat which was separated from meat on boiling or roasting was less emulsifiable than it otherwise would be.

Speech Defects in Neurasthenic Persons.

Dr. GUTZMANN (Berlin) spoke on impairment of coördination as affecting the organs of speech and especially on stuttering. Up to the present time stuttering had not been regarded as an effect of neurasthenia, but Dr. Gutzmann had found that a good many stutterers in the course of time developed unquestionable neurasthenic symptoms. On the other hand, neurasthenic patients might become stutterers. Treatment must be directed both to the patient's general state and also to the local conditions.

The Motor Function of the Vagus Nerve.

Professor STARCK (Heidelberg) gave a report of experiments made by him on the function of the vagus. He tried to produce dilatation of the œsophagus in dogs by resection of the vagus within the thoracic cavity above and below the hilum of the lung and above the cardia. Resection of the vagus did not produce contraction of the cardia; dilatation of the œsophagus might, however, be rendered possible by paresis of the muscles of the œsophagus. Atrophy of the vagus could only be accepted as a cause of dilatation of the œsophagus in the event of no hypertrophy of the muscles being found post mortem, as paralysed muscle could not become hypertrophied. Resection of the vagus below the hilum did not cause dilatation, because the motor fibres entered at a point higher up the œsophagus.

"Photodynamic" Action of Some Fluorescent Substances.

Professor VON TAPPEINER (Munich) said that certain fluorescent substances which in darkness were scarcely toxic acquired in sunlight or diffuse daylight the power of destroying infusoria and cells and of neutralising toxins and enzymes. Even weak solutions of the substances in question exhibited this photodynamic action. He had examined eosin, chinolin-red, harmalin, acridin, and fluorescin, and found that their photodynamic action was in inverse ratio to the degree of fluorescence. By the action of the above substances ricin, for instance, lost not only its general toxic quality but also its power to agglutinate erythrocytes, diphtheria toxin was rendered absolutely inert, and tetanus toxin was considerably weakened. By experiments on animals inoculated with diphtheria toxin it was found that the fluorescent compounds had also a certain therapeutic effect. Injections of eosin had a beneficial effect in rodent ulcer, lupus, and chancre. Although the photodynamic action increased as the fluorescence diminished, it nevertheless came to an end completely when the fluorescence disappeared.

Dr. SEIFERT (Würzburg) confirmed the above statements as to the therapeutic results obtained by eosin in lupus and mycosis.

The Action of Digitalis.

Dr. BRANDENBURG (Berlin) said that digitalis rendered the heart muscle more resistant to external irritants, such as the electric current. On the other hand, it imparted the power of motility to portions of the heart where movements could not else occur. This effect took place even when nervous influence was excluded.

The Virulence of Pneumococci.

Dr. STUERTZ (Berlin) said that he had found by numerous researches that the virulence of pneumococci present in pneumonia was proportionate to the severity of the disease, and he therefore concluded that the prognosis might be arrived at by bacteriological examination of the sputum. The virulence decreased only 24 hours after the crisis.

Diabetic Coma.

Professor KRAUSE (Breslau) said that he had found in three cases of diabetic coma a marked decrease of tension on palpation of the eyes. A comparable decrease of tension was not observed in persons kept without water, or in the dying, or even in the dead. An anatomical explanation of the decrease of tension was not forthcoming and Professor Krause tried to produce this symptom artificially by the injection of excreted products which were characteristic for diabetic coma, such as acetone and beta-oxybutyric acid. The symptom was not present in phloridzin diabetes and pancreatic diabetes. It was also absent in other forms of coma such as that of Addison's disease. The symptom appeared only a short time previously to death.

Polycythæmia.

Dr. GRESBOECK (Munich) described an ailment which was characterised by marked polycythæmia. In some cases the blood counts showed that there were from 6,000,000 to 11,000,000 red corpuscles per cubic millimetre. The amount of hæmoglobin was from 140 to 150 per cent. and was equal in venous and arterial blood. The blood pressure was found to be abnormally high. The most striking external symptom was the intense red colour of the skin on the face, the extremities, the mucous membranes, and the retina. The causes of the disease were unknown. The patients observed by Dr. Gresboeck were not engaged in exceptionally laborious or exhausting occupations.

Antistreptococcic Treatment.

Dr. MENZER (Halle) reported a series of cases of rheumatic polyarthritis which were cured by his antistreptococcic serum. According to him rheumatic endocarditis and chorea were also amenable to his method.

Dr. ARONSON (Berlin) said that the fever observed after injections of Dr. Menzer's serum was not of antitoxic but of toxic origin. On the injection of toxin-free serum the temperature ought to become normal at once.

Professor WOLFF (Berlin) said that the fever following Dr. Menzer's injections was the consequence of endotoxins precipitated by the bactericidal serum.

Dr. MICHAELIS (Berlin) said that injections of the same serum could not cure polyarthritis and mixed infections by tubercle bacilli and streptococci. The streptococcus of rheumatic polyarthritis and the streptococcus present in tuberculous cavities of the lungs were two quite different species which were each to be combated by a specific serum.

Dr. MENZER replied that by injections of serum of other streptococci a raising of the temperature was produced. His therapeutic results had proved that his theory was right.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Tibet Mission and the Hardships of the March.—The Plague Death-roll.—A Successful Septic Tank and Sewage Farm.—Caste Prejudices and Sanitary Improvements.

THE ordinary accounts of the advance of the Tibet mission only briefly refer to some of the hardships of this wintry march. It is not generally recognised that the marching and camping are being done at altitudes unknown and impossible in Europe and that while the sufferings from the cold are severe those from the rarity of the air are intense. A correspondent writes: "The lungs seem unable to do their work. One gasps and pants after the slightest exertion as if about to suffocate. Whilst still this rarefied air can be tolerated, but under exertion air-hunger becomes distressing. The transport animals feel it and the business of bringing them along is painful." The mission camped at Dantu opposite a frozen waterfall 200 feet high. As the march was above the wood line fuel was doled out very sparingly—in fact, only sufficient to cook the daily ration.

school which provides medical officers for the army. Besides the medical side the university has three other departments, those of law, science, and arts, and publishes a weekly journal, the *Lyon Universitaire*.

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Dr. ORTNER (Vienna) said that he had frequently found in enteric fever that the second sound of the aorta was accentuated. In his opinion the arterio-capillary circulation was feeble and an increased action of the heart was therefore necessary; the apex beat was at the same time more resistant. Death was caused in enteric fever by a paresis of the vasomotor nerves and anatomical lesions of the heart muscle. As a symptom hitherto unobserved he described dicrotism of the capillary pulse. In a case of slight insufficiency of the aorta in a patient suffering from enteric fever he observed that, together with an increase of the intensity of the second sound of the aorta, the diastolic murmur decreased and even disappeared. When the temperature was brought down to normal by the administration of pyramidon the murmur reappeared and the intensity of the second sound decreased. When the administration of pyramidon was discontinued the previous condition of matters was restored. The same conditions were met with by Dr. Ortner in influenza, miliary tuberculosis, and pyæmia.

Exploratory Puncture of the Skull.

Dr. NEISSER (Stettin) reported that he had performed exploratory puncture of the skull in the case of patients showing symptoms of marked cerebral pressure where the position and nature of the anatomical lesion could not be ascertained with sufficient accuracy to justify a surgical operation. He used for that purpose a very small trephine and introduced into the aperture a syringe provided with a blunt-ended cannula. In some cases the lesion was localised in this way; in others a direct remedial action was observed. The grave symptoms at once disappeared in the case of an old extradural hæmatoma, in hæmorrhagic pachymeningitis, and in a cyst of the cerebellum. In the last-mentioned case the operation of puncture had to be repeated several times in order to keep up the beneficial effect. The patients on whom the operation had been performed were shown to the Congress and were evidently in good health.

Spray Inhalations.

Dr. REITZ (Mitterfels) described an apparatus by which fluids might be converted into spray in a state of extremely fine division. Experiments in animals showed that this spray penetrated to the alveoli of the lungs. He also ascertained that certain drugs when inhaled in this way appeared in the urine, so that they were likely to be absorbed by the pulmonary circulation.

Hæmolysis.

Dr. KÖPPE (Giessen) explained his views with regard to the causes of hæmolysis. He considered that the permeable walls of the red corpuscles were injured by the great difference of osmotic pressure within and without the cells. In addition to this, which might be called "water hæmolysis," several other forms of hæmolysis might be enumerated. "Heat hæmolysis" was produced by temperatures between 63° and 68° C. The red blood corpuscles then became "laked" and Dr. Köppe believed that they melted at these temperatures. "Acid hæmolysis" was produced by the action of very small quantities of acid, such as a tenfold dilution of centinormal sulphuric acid. Hæmolysis occurred first and then the hæmoglobin became brown. In addition to the nature and dilution of the acid the temperature and the duration of the reaction were essential factors in the process. "Alkali hæmolysis" was another form; in it also the result depended on the nature and dilution of the alkali, the temperature, and the duration of the reaction. Hæmolysis might also be produced by substances which dissolved fatty matters and this fact presented points of interest. The solvents in question included alcohol, acetone, ether, and chloroform. The melting point of the red corpuscles depended on the temperature and on the degree of dilution of the solvents. Dr. Köppe concluded from his experiments that the walls of the red corpuscles must contain a fatty substance and he succeeded in finding this substance which was left behind after hæmolysis; it was not soluble in water but might be stained by methyl-violet. It was very probable that an albuminous substance was also present in the walls of the red corpuscles. Sometimes different forms of hæmolysis acted simultaneously, in which case they might support, or weaken, or even neutralise, each other's action. Among the solvents of fatty bodies, some which were but feebly soluble in water (chloroform and toluol, for instance) had a hæmolytic action only at a high temperature; the melting point of the red corpuscles in chloroform water was, however, lower than their normal melting point. By the determination of the melting point sometimes the presence of a hæmolysing substance might be ascertained. In ether or chloroform anæsthesia the melting point of the red corpuscles was lowered. When, however, previously to and after the anæsthesia the melting point of the red corpuscles in solutions containing the anæsthetic was determined it proved to be higher after the anæsthesia than before, showing that the red corpuscles had become more resistant to the action of the anæsthetic. Serum hæmolysis was different from the above kinds of hæmolysis; in order to appreciate the difference not only the melting point of the red corpuscles but also their coagulation point must be known. In hæmolysis of human blood by the blood serum of cats the coagulation point was raised proportionately to the quantity of the cat serum. It was probable that the albuminous substance of the walls of the red corpuscles was attacked by the serum; it was not yet decided whether different sera and toxins produced the same or different forms of hæmolysis.

The Therapeutic Action of Artificial Fever.

Professor DEHIO (Dorpat) said that by injections of sterilised solutions of Witte's peptone he had produced fever and by this means had been able to cure some cases of chronic infectious diseases—for instance, of 13 cases of lupus ten were cured, while three were not improved. In three of the cured cases a relapse occurred afterwards. In six patients suffering from secondary syphilis of recent date all the symptoms disappeared in four cases, while two were not improved. Two patients suffering from acute gonorrhœa recovered in four or five days but in chronic cases no beneficial effect was obtained. Inflamed bubo was absorbed without suppuration, a case of chronic cystitis which had resisted the usual treatment was permanently cured, but a case of tuberculous cystitis and one of ordinary chronic cystitis were not improved. An excellent result was also observed in syphilitic and atonic ulcers of the lower leg after other methods of treatment had not been of any benefit to the patients.

Metabolism in Fever.

Dr. STAEHELIN (Basle) gave an account of researches on metabolism, the phenomena being observed in a dog to

[1] For this report we wish to tender our thanks to the editor of the *Deutsche Medicinische Wochenschrift*, through whose courtesy it has been forwarded to us by our correspondent.

which surra disease had been communicated by inoculation. The Pettenkofer apparatus was used and the production of heat was measured by indirect calorimetry. The production of heat rose one day 45·6 per cent. and was greater than could be accounted for by the toxogenic disintegration of albumin. Dr. Staehelin came to the conclusion that in fever an increased metabolism of albumin was not the only process involved, as was proved by the decomposition of glycogen and the excretion of acetone.

Dr. MOHR (Berlin) said that in fever the excretion of carbon in the urine was not increased relatively to the excretion of nitrogen, a fact which showed that there was no considerable alteration of the metabolism.

Diet in Cholelithiasis

Dr. CLEMM (Darmstadt) said that a sufficient flow of bile was the best means of counteracting inflammations of the bile passages. This result was most easily obtained by the use of a mixed diet containing plenty of lean meat and also of fatty substances (Fett- und Fleischnahrung); the cholagogic action of lean meat was powerful but of short duration, whilst that of fatty substances was more prolonged. The fat of milk in the form either of fresh or sour cream or of butter, the fat of the yelk of egg, salad oil, and raw smoked bacon were the best. The fat which was separated from meat on boiling or roasting was less emulsifiable than it otherwise would be.

Speech Defects in Neurasthenic Persons.

Dr. GUTZMANN (Berlin) spoke on impairment of coördination as affecting the organs of speech and especially on stuttering. Up to the present time stuttering had not been regarded as an effect of neurasthenia, but Dr. Gutzmann had found that a good many stutterers in the course of time developed unquestionable neurasthenic symptoms. On the other hand, neurasthenic patients might become stutterers. Treatment must be directed both to the patient's general state and also to the local conditions.

The Motor Function of the Vagus Nerve.

Professor STARCK (Heidelberg) gave a report of experiments made by him on the function of the vagus. He tried to produce dilatation of the œsophagus in dogs by resection of the vagus within the thoracic cavity above and below the hilum of the lung and above the cardia. Resection of the vagus did not produce contraction of the cardia; dilatation of the œsophagus might, however, be rendered possible by paresis of the muscles of the œsophagus. Atrophy of the vagus could only be accepted as a cause of dilatation of the œsophagus in the event of no hypertrophy of the muscles being found post mortem, as paralysed muscle could not become hypertrophied. Resection of the vagus below the hilum did not cause dilatation, because the motor fibres entered at a point higher up the œsophagus.

"Photodynamic" Action of Some Fluorescent Substances.

Professor VON TAPPEINER (Munich) said that certain fluorescent substances which in darkness were scarcely toxic acquired in sunlight or diffuse daylight the power of destroying infusoria and cells and of neutralising toxins and enzymes. Even weak solutions of the substances in question exhibited this photodynamic action. He had examined eosin, chinolin-red, harmalin, acridin, and fluorescin, and found that their photodynamic action was in inverse ratio to the degree of fluorescence. By the action of the above substances ricin, for instance, lost not only its general toxic quality but also its power to agglutinate erythrocytes, diphtheria toxin was rendered absolutely inert, and tetanus toxin was considerably weakened. By experiments on animals inoculated with diphtheria toxin it was found that the fluorescent compounds had also a certain therapeutic effect. Injections of eosin had a beneficial effect in rodent ulcer, lupus, and chancre. Although the photodynamic action increased as the fluorescence diminished, it nevertheless came to an end completely when the fluorescence disappeared.

Dr. SEIFERT (Würzburg) confirmed the above statements as to the therapeutic results obtained by eosin in lupus and mycosis.

The Action of Digitalis.

Dr. BRANDENBURG (Berlin) said that digitalis rendered the heart muscle more resistant to external irritants, such as the electric current. On the other hand, it imparted the power of motility to portions of the heart where movements could not else occur. This effect took place even when nervous influence was excluded.

The Virulence of Pneumococci.

Dr. STUERTZ (Berlin) said that he had found by numerous researches that the virulence of pneumococci present in pneumonia was proportionate to the severity of the disease, and he therefore concluded that the prognosis might be arrived at by bacteriological examination of the sputum. The virulence decreased only 24 hours after the crisis.

Diabetic Coma.

Professor KRAUSE (Breslau) said that he had found in three cases of diabetic coma a marked decrease of tension on palpation of the eyes. A comparable decrease of tension was not observed in persons kept without water, or in the dying, or even in the dead. An anatomical explanation of the decrease of tension was not forthcoming and Professor Krause tried to produce this symptom artificially by the injection of excreted products which were characteristic for diabetic coma, such as acetone and beta-oxybutyric acid. The symptom was not present in phloridzin diabetes and pancreatic diabetes. It was also absent in other forms of coma such as that of Addison's disease. The symptom appeared only a short time previously to death.

Polycythæmia.

Dr. GRESBOECK (Munich) described an ailment which was characterised by marked polycythæmia. In some cases the blood counts showed that there were from 6,000,000 to 11,000,000 red corpuscles per cubic millimetre. The amount of hæmoglobin was from 140 to 150 per cent. and was equal in venous and arterial blood. The blood pressure was found to be abnormally high. The most striking external symptom was the intense red colour of the skin on the face, the extremities, the mucous membranes, and the retina. The causes of the disease were unknown. The patients observed by Dr. Gresboeck were not engaged in exceptionally laborious or exhausting occupations.

Antistreptococcic Treatment.

Dr. MENZER (Halle) reported a series of cases of rheumatic polyarthritis which were cured by his antistreptococcic serum. According to him rheumatic endocarditis and chorea were also amenable to his method.

Dr. ARONSON (Berlin) said that the fever observed after injections of Dr. Menzer's serum was not of antitoxic but of toxic origin. On the injection of toxin-free serum the temperature ought to become normal at once.

Professor WOLFF (Berlin) said that the fever following Dr. Menzer's injections was the consequence of endotoxins precipitated by the bactericidal serum.

Dr. MICHAELIS (Berlin) said that injections of the same serum could not cure polyarthritis and mixed infections by tubercle bacilli and streptococci. The streptococcus of rheumatic polyarthritis and the streptococcus present in tuberculous cavities of the lungs were two quite different species which were each to be combated by a specific serum.

Dr. MENZER replied that by injections of serum of other streptococci a raising of the temperature was produced. His therapeutic results had proved that his theory was right.

NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

The Tibet Mission and the Hardships of the March.—The Plague Death-roll.—A Successful Septic Tank and Sewage Farm.—Caste Prejudices and Sanitary Improvements.

THE ordinary accounts of the advance of the Tibet mission only briefly refer to some of the hardships of this wintry march. It is not generally recognised that the marching and camping are being done at altitudes unknown and impossible in Europe and that while the sufferings from the cold are severe those from the rarity of the air are intense. A correspondent writes: "The lungs seem unable to do their work. One gasps and pants after the slightest exertion as if about to suffocate. Whilst still this rarefied air can be tolerated, but under exertion air-hunger becomes distressing. The transport animals feel it and the business of bringing them along is painful." The mission camped at Dantu opposite a frozen waterfall 200 feet high. As the march was above the wood line fuel was doled out very sparingly—in fact, only sufficient to cook the daily ration.

None could be spared to light fires for the sake of warmth. Further on Pharo plain an altitude of 14,000 feet was attained. During this part of the march it is stated that at every few yards men sat down, bent double, grasping their heads in their hands. Their faces were purple and working. Still further on came the Tung pass which is higher than Mont Blanc and the air-hunger became still more extreme. Many followers in advancing lay down and would have died from the cold but the column moved them on. Here was another camping ground but again without fuel and with 23° of frost. There are few who can realise the difficulties of this march—in many ways they are unparalleled.

There were 44,783 deaths from plague in India during the week ending April 30th, an increase of nearly 6000 on the preceding week. Of this total no less than 33,953 occurred in the Punjab, an increase of over 9000. Kashmir is the only other place which shows an increase, the deaths having risen from 578 to 627. Improved returns are published from the Bombay districts with 3027 deaths, as against 3723; from the United Provinces with 2965 deaths, as against 4279; from Bengal with 1062 deaths, as against 1439; from Rajputana with 865 deaths, as against 1072; from Central India with 512 deaths, as against 732; from the Central Provinces with 214 deaths, as against 498; from Bombay city with 520 deaths, as against 563; from Calcutta with 270 deaths, as against 440; and from Karachi with 219 deaths, as against 249. Later returns from Bombay city and from Calcutta show still further declines; the outbreaks in the two cities are rapidly subsiding.

A recent report shows a most successful working of the Matunga sewage farm (septic tank system) near Bombay city. There is here a leper asylum and the septic tank installation deals with the sewage. The whole of the effluent is used on a farm of about five and a half acres and the produce from the farm has amounted to 36 tons per acre. Plantains, guinea grass, lucerne grass, and vegetables are grown but the chief out-turn is of karbi and jowar. The fodder crops are sold to the health department for the feeding of bullocks. The profits of the farm wholly maintain the 50 lepers located therein. The gas given off from the septic tanks works an engine which actuates a small centrifugal pump and daily lifts as much of the fluid to the filters as is required. When the effluent, as in this case, is chiefly applied to the land one purification only of the sewage appears necessary, and nearly the whole of the effluent used on the farm comes directly from the septic tank. Otherwise the filter beds are used and they continue to give the same satisfactory results as in 1902.

Caste prejudices in India operate seriously at times against sanitary improvements. Here is an example. The town of Trevandrum wants an improved supply of water and there is a proposal to dam the river 12 miles away and to introduce the pipe system, but caste prejudices oppose a scheme for bringing drinking water along by means of a pipe, as it is said that water touched by a low-caste Hindu would not even be accepted by one of high caste and that the wells (situated in every house compound) would be preferred. To pander with this prejudice it is now advocated to combine irrigation with the supply of drinking water and to have open channels, and the excuse is given that a large area of land might be made productive and that if necessary pipes could subsequently be connected. The danger to the purity of the water by conveyance in open channels, not to mention the additional breeding grounds for mosquitoes, seems to be forgotten.

May 12th.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

Lying-in Charity.

THE annual meeting of the friends and supporters of this charity has recently taken place and from the sixty-first report then read I learn that 914 cases were attended during the year 1903 and the percentage in which medical officers were called in was 5·2. One mother had died and there had been eight deaths of children in the first ten days and one death between ten and 30 days. As representing the only maternity charity in the Midlands the committee had considered it its duty to undertake the training of midwives in accordance with the Midwives Act of 1902. The scheme was now in working order and the charity was prepared to take pupils.

Training of the Feeble-minded.

The Midland Counties Asylum at Knowle is an institution for the care and training of the feeble minded and its thirty-seventh annual meeting has recently been held at the council house, Birmingham, under the presidency of the Lord Mayor. The report then read stated that considerable progress had been made with the work of the institution during the year. The number of admissions was greater than in any previous year and coupled with the increasing number of applicants for treatment was a striking testimony to the favourable estimation of the work and the urgent necessity for its further extension. The scholastic training of the patients received primary consideration and many of the inmates had made considerable progress. The industrial training in carpentry, shoemaking, tailoring, &c., had also received due attention and many of the boys were now rendering useful assistance in those branches of industry; several of the inmates had become excellent wool rug makers. There was a deficit on the year's working of £368 5*s.* 10*d.*, which was due chiefly to the appointment of industrial trainers in tailoring, shoemaking, and carpentry, and additional nurses and attendants rendered necessary by the classification of the inmates. Those were entirely new items of expenditure and it was only too apparent that if the work of the charity was to be carried out on up-to-date lines the income must be considerably augmented. The Lord Mayor, in moving the adoption of the report, said there were few questions of greater national importance at the present time than the subject of the treatment and future of the feeble-minded. The question had been allowed to drift for a number of years with the result that their numbers had been largely increased and many of them were to be found in workhouses and prisons. Being crippled in mind they could not withstand the numerous temptations which beset them and therefore they became a moral danger to the State. He was glad to know that the matter was occupying the public mind more and more and it was time the nation became alive to the present condition of many of its members. The Poor-law guardians and education committee, thanks principally to Mrs. Hume Pinsent and her fellow-workers, were taking steps to make better provision for the training and care of the feeble-minded in Birmingham and he hoped that homes would be established all over the kingdom where they could be isolated and properly cared for. For 36 years there had been such a home at Knowle where the feeble-minded children of the Midland counties had been educated, cared for, and trained. He knew the claims on the citizens of Birmingham were numerous, but because the asylum was not within the city was no reason why it should not be included in the local list for support. He trusted the citizens, therefore, would show their appreciation of the work which had been carried on in a very practical manner. The number of Birmingham patients admitted last year was 28, or about one-third of the total number of admissions, and the subscripticns from the city amounted to only £97. Seeing that the average cost of each patient was £35 Birmingham's contribution should have been £970 and consequently it seemed that subscribers outside Birmingham had been helping to keep the Birmingham patients in the institution. Archdeacon Diggle, in proposing a motion sympathising with the objects of the asylum, said that in removing one of the feeble-minded children into the asylum it was not simply that the child itself was benefited but that the family to which the child belonged was released from a very great incubus. He was convinced that if more people would visit the asylum and similar institutions they would not have to complain of the lack of financial support. He was dead against too much State interference but he thought the local education authority in Birmingham was not doing anything more than its duty when it undertook the training of crippled and feebled-minded children. He wished they could do without State help or subsidy but he would rather have that assistance than that the work should not be done at all. Dr. Thomas Savage, in seconding the motion, remarked that it was estimated that one in every 400 of the population was feeble-minded. Those people could not go into lunatic asylums because they were not lunatics and they could not always go into the workhouses. Therefore, such an institution as the one at Knowle was doing an incalculable amount of good on behalf of the community. Mrs. Hume Pinsent, chairman of the

Local Feeble-Minded School Committee, in supporting the motion, said it would be hard to over-value the good done for the mentally defective in the past by the devoted pioneer work of the Knowle and kindred institutions. She appreciated to the fullest extent all that had been done but thought the time had come when such charitable institutions should look to the State for further aid. The way to help the mentally defective had been pointed out by private charity but she was afraid the work was too vast for private charity to cope with successfully. For instance, there were 106 cases under treatment at Knowle last year but in Birmingham they knew of 100 feeble-minded adults and it was estimated that there were 245 feeble-minded children and at least 50 idiots and imbeciles. Thus in Birmingham alone there were 395 individuals needing permanent asylum accommodation. Private charity could not face such a vast number as that. She wished the Knowle authorities could see their way to relieve the Birmingham committee of some of the 50 idiots and if they could not they might join the Birmingham committee in an earnest endeavour to obtain public funds for the provision of some of them other than was supplied by the Poor-law.

X-ray Treatment at the Skin Hospital.

At the twenty-third annual meeting of the friends and supporters of the Skin Hospital recently held the medical report read by Mr. E. Gilbert Smith stated that in the out-patient department the average daily attendance had been 123, as against 115 in the previous year. 150 in-patients passed through the wards and many of the cases were of a severe type, demanding assiduous attention on the part of the nursing staff. Only four deaths occurred and of these two were due to convulsions in children. 82 operations had been performed, all of which resulted in cure or material benefit to the patient. The committee was about to commence treatment by the means of radium. Since the installation of the x ray and electric light apparatus in 1901 230 cases of lupus, cancer, and other chronic diseases of the skin had received treatment in the electrical department. An average number of 24 cases had attended daily from June, 1901, to January, 1904. The sanguine hopes that were expressed when that treatment was first applied for lupus, &c., had not been entirely realised, but results had been obtained which constituted a great advance in the treatment of certain diseases of the skin. The great majority of the cases had shown decided improvement and that had encouraged the patients to continue the treatment. A considerable number had not continued treatment for a long enough period for the rays to have any effect and of those who had been benefited by the treatment a large number had been very irregular in their attendance. The disease had disappeared in ten cases of lupus and in seven of rodent cancer. 20 cases were almost cured and 46 were very much improved. A few patients over 70 years of age and one of 83 had been completely cured of rodent cancer.

May 31st.

MANCHESTER

(FROM OUR OWN CORRESPONDENT.)

Royal Infirmary Site.

A SPECIAL subcommittee of the Manchester city council met on May 19th to take preliminary steps with the view of deciding how best to utilise for public purposes the area left within the infirmary railings now these have been set back for the widening of the surrounding streets, including, of course, the space that will be cleared when the present infirmary buildings are removed. This subcommittee was a very large one and on the motion of the Lord Mayor it was resolved to form a smaller one to consult with the art gallery committee and the free libraries committee in order to prepare if possible a scheme for the building of a free reference library and an art gallery on the site.

The Manchester and Salford Ambulance System.

A discussion is going on in Manchester on the subject of the ambulance system both here and in Salford, with the view of its improvement. A short time since (March 23rd) a letter appeared in the local papers from Mr. W. Thorburn, dealing with the question as it would be affected by the removal of the Royal Infirmary from the centre to a suburb, and now a letter, dated May 19th, signed by the chairman and honorary secretaries of the Medical Guild, has been published in which the matter is considered in its wider aspects as affecting both Manchester and Salford generally. Accidents and sudden illness, as it says, may happen to all without distinction of class, and while many of the cases would be most suitably treated at a hospital some would prefer treatment at their own homes. For all these classes the guild considers that a "municipal ambulance and first-aid system" ought to be available. Both Mr. Thorburn and the guild say that the first-aid rendered before removal should be "far more efficient than at present" and that "the somewhat hysterical haste in transit so common nowadays often does more harm than good." The first aid should be as efficient as possible before removal and the guild agrees with the idea that it should be carried out by a properly qualified medical man, also that it would not be necessary or advisable to appoint special emergency medical officers or to equip dressing stations in various districts as tending to delay and expense. The proposition is that the police be "empowered and directed" to summon the nearest medical practitioner who already has a surgery fitted up for dealing with emergencies. In theory the police have now this power "but in practice are exceedingly chary of summoning medical aid lest they should be accused of incurring expense without reason." If this system were carried out the patient would often be properly attended to before the arrival of the ambulance conveyance. The guild suggests the formation of a central board "consisting of representatives of the corporations of Manchester and Salford and of the various hospitals and other public bodies concerned with the coöperation of the medical practitioners of the various districts to concert a thorough scheme of first-aid and ambulance removal in medical and surgical emergencies." Any such scheme would have to be well thought out, but it would tend to the saving of life and to the relief of suffering if the present well-meant but often irregular and happy-go-lucky methods were better organised.

Salford Royal Hospital.

At the last monthly meeting of the board of management of the Salford Royal Hospital a letter was read from the distributers of the Booth Charities stating that they had decided to make a grant of £1000 a year to the hospital. A hearty vote of thanks was accorded to the distributers for their very welcome announcement. These charities come down from the seventeenth century. Humphrey Booth the elder founded a charity in 1630 for "the succour or relief of such poor, aged, needy, or impotent people as for the time being should inhabit or dwell within the town of Salford." The income is derived from land in Manchester and from Government stock and exceeds £16,000 per annum. It is disposed of to about 1050 recipients in sums of 5*s.* or 10*s.* weekly. In 1695 another Humphrey Booth, the grandson of the former one, devised certain premises the income from which was to be employed in the repairs of Sacred Trinity Chapel in Salford and any overplus was to be distributed among the poor of Salford at Christmas, as the money left by his grandfather was. The yearly income is about £1170 and is devoted to repairing Trinity Church and to the relief of the poor. These charities are administered by trustees and the distributers are the Mayor of Salford, the Alderman of Crescent Ward, and the churchwarden of Salford.

Lancashire and Yorkshire Railway Ambulance Work.

A gathering of the Lancashire and Yorkshire Railway Company's officials and employés was held at the company's offices on May 18th, when certificates and awards for proficiency in ambulance work were presented by the general manager, Mr. Aspinall, to those who had qualified. The occasion was rendered all the more interesting by the presentation to Mr. F. H. Westmacott who has instructed the ambulance classes, of an electric lamp as a token of appreciation of the work he had done in their training and of their kindly feelings towards him on his approaching marriage. Mr. Aspinall stated that now 160 of the men held certificates, 96 vouchers, and 46 had gained medals for proficiency. Dr. G. H. Darwin, who has for many years identified himself with the ambulance movement, was

also present and said that every railway official should be taught ambulance work. As a rule, accidents occurred far from proper medical help, but if the men at hand or those from the nearest station "knew how to give 'first aid' then an otherwise appalling disaster might be shorn of many of its sorrowful and painful results." He told them also that it was only by continual and regular practice that men were able to be of any real use at the time of an accident.

June 1st.

WALES AND WESTERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENTS.)

Newport Waterworks.

THE completion of the new waterworks for the supply of Newport (Mon.) was formally recognised on May 31st when the Mayor of the borough turned the water into the mains from the Wentwood reservoir. The corporation purchased the waterworks in 1887, at which date there was storage in two reservoirs for nearly 200,000,000 gallons. A few years later it was decided to increase the supply and storage capacity and a site was chosen about nine miles to the north-east of the town. An embankment 300 feet long and 90 feet deep, with wings spreading into the hillsides, has been thrown across the open end of a cul-de-sac, thus forming a reservoir with a storage capacity of 400,000,000 gallons. Great difficulty was experienced in obtaining for this dam secure foundations and they have had to be carried to an enormous depth. The water is taken to Newport in 18-inch iron mains and upon the advice of the medical officer of health (Dr. J. Howard-Jones) it will be filtered through polarite before distribution. The original estimate of the cost of the undertaking was £120,000 and the work was entrusted to a contractor, but owing to unexpected difficulties he was paid off and since 1895 direct labour has been employed by the corporation with Mr. Baldwin Latham as consulting engineer. The total cost is expected to reach over £400,000. Up to the end of 1901 the interest on the outlay was met by the revenue derived from the waterworks but since then a rate equal to 2*d.* in the £ has had to be levied.

Exclusion of Infants from Public Elementary Schools.

The education committee of the Glamorgan county council has decided not to admit children under five years of age to the public elementary schools in the administrative county.

Milk Epidemic of Scarlet Fever at Gloucester.

During the first three months of this year there was very little scarlet fever present in Gloucester, an average of about three cases being notified each week. In April 65 cases occurred and in 58 instances the infection was traced to a milk-supply obtained from a farm situated outside the city boundaries and within the area of the Gloucester rural district council. Two of the farm hands who were milkers had recently had scarlet fever in their houses. At the meeting of the city council held on May 25th the town clerk was instructed to write to the rural district council urging that body to make regulations under the Dairies, Cowsheds, and Milkshops Order, 1885. It was also resolved to suggest to the Local Government Board that the Public Health Bill which the President of the Board has promised to introduce into Parliament should give power to local authorities and to their officers to inspect dairies and cowsheds outside their district. The city council is apparently not aware that this power of inspection already exists under section 4 of the Infectious Disease (Prevention) Act, 1890, in those districts where the Act has been adopted.

Rhymney Cottage Hospital.

One of the two foundation-stones of the Rhymney Cottage Hospital was laid on Dec. 27th, 1902, by Dr. T. Hall Redwood, the surgeon to the local collieries and medical officer of health of Rhymney. The hospital was formally opened on May 23rd by Sir Henry Tyler, chairman of the Rhymney Iron Company. The site was given by the company at a nominal ground-rent of 1*s.* yearly and the building is situated close to a railway siding which is connected with several collieries, so that the removal of patients will be much facilitated as they will not have to be taken along the hilly streets of the town. There are two one-storey wards in the building with accommodation in each for four patients. The central portion contains on the ground floor an operating theatre, matron's and nurses' rooms, bathrooms, kitchens, &c., and on the first floor there are four bedrooms and a bathroom. The cost of the hospital was £2250. The whole of the amount has been raised, together with sufficient to defray the cost of furnishing and to leave £800 towards a maintenance fund.

Prehistoric Remains at Cheddar.

The meeting of the Somerset Archæological Society which was held at Cheddar on May 21st was largely attended; the members, after inspecting the prehistoric remains which were recently discovered in Goughs Caves, Cheddar, listened to an interesting address by Mr. H. N. Davies, F.G.S., on the subject. Mr. Davies, who has made a careful study of the remains, stated that the supraorbital ridge of the skull was very prominent, the frontal bone was of extreme thickness (being nine millimetres in depth), and the jaw was of extreme width, the condyles being 120 millimetres apart. Mr. Davies said that in his opinion the remains formed a link between the most ancient type of man at present known and the type which existed in the neolithic period. The flints found near the remains were probably of the Magdalenian period described by M. Mortillet, the French archæologist.

Poisoning by Veronal.

An inquest was held at Rynance Cove, Cornwall, on May 25th, before Mr. Richard D. Boase, M.R.C.S. Eng., the deputy coroner, concerning the death of a man who died at Rynance on May 24th. Evidence showed that the deceased, who was a visitor to the place, had been in the habit of taking narcotics and had veronal in his possession. The medical practitioner who was called in stated that he found him unconscious and the jury returned a verdict that "Deceased's death was due to the excessive use of narcotics, self-administered."

May 30th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Treatment of Dispensary Medical Officers.

As an indication of the way in which the Poor-law medical officers of Ireland are being treated at present the following account, *verbatim et literatim*, from a Belfast newspaper of May 25th will be of interest:—

IMPORTANT TO DISPENSARY DOCTORS.

The Local Government Board forwarded copy of a letter which had been addressed to them by Dr. Donnan, medical officer of the Castlereagh dispensary district, relative to the claim of Dr. Robb for a consultation fee in the case of a dispensary patient named Francis. Dr. Donnan stated that under article 21 of the dispensary regulations he called in Dr. Robb to see a patient in conjunction with him and he reported the matter fully to the next meeting of the guardians, requesting payment of Dr. Robb's fee of £2 2s. This application was indignantly refused by the board, the chairman declaring he had acted with great audacity, and Dr. Donnan now said he was anxious to have the opinion of the Local Government Board.

The chairman said, seeing his name was mentioned by Dr. Donnan, he might be allowed to say a word. The doctor evidently thought that the letter would not go further than the Local Government Board. There was one statement which he must controvert. Dr. Donnan said the chairman declared he had acted with great audacity. He (the chairman) never used such an expression. What he said was that his request for the payment of £2 2s. was an audacious one. If the Board succumbed to this, as he supposed they would be nearly forced to do, they would not know where it would stop. It would be easy for doctors to consult each other and thus earn £2 2s. The dispensary doctors complained of their salaries being too low, but the members of the profession met in the Medical Institute to play billiards, smoke cigarettes, drink champagne, and so on.

Dr. Macintosh said no intoxicating liquors were permitted inside the Medical Institute. ..... The chairman said Article 21 of the regulations stated that the guardians could refuse to pay the fee if they were not satisfied that the extra assistance was necessary. In this case the guardians were not satisfied and he suggested that the Local Government Board should be accordingly informed.

This was agreed to, the clerk being instructed to state in the reply to the Local Government Board that the guardians were of opinion "that the dispensary doctors should be of such experience in their profession as to be able to diagnose the diseases of the poor who might require their professional care. We further say that where a dispensary doctor has doubts as to the disease from which a patient is suffering he should have such patient sent into this house."

The facts of the case are simply these: Dr. W. D. Donnan of Holywood, having been called to a dispensary patient with

a suspicious rash—at a time small-pox was prevailing in Belfast—thought it right to have a further opinion and summoned Dr. A. G. Robb (physician to the Union Workhouse Fever Hospital) to see the case in consultation, and having done so, as he was entitled under Article 21 of the dispensary regulations, he reported the matter to the guardians and in the usual way asked for a payment of Dr. Robb's fee of £2 2s. On the other side of the case, suppose Dr. Donnan had not taken any precautions and that, as a result, an outbreak of small-pox had occurred the very guardians who now complain would, with the public at their back, have condemned Dr. Donnan still more. Apart altogether from the merits of the application, what is to be thought of a chairman of a board of guardians who indulges in such outrageous and untruthful observations in reference to the medical profession?

Royal Victoria Hospital, Belfast.

Last Saturday was the day for the street collection for the Royal Victoria Hospital and a sum of about £800 was realised, which is larger than any amount previously contributed.

May 31st.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Poisoning by Naphthol Camphor.

AT a meeting of the Surgical Society held on May 11th, M. Guinard reported the circumstances of a death which had occurred in his hospital practice very soon after an injection of 25 cubic centimetres of naphthol camphor. The patient was a man, 28 years of age, who suffered from a chronic abscess in the right subclavian region. The puncture and injection were made in the usual manner and presented no special feature. The injection had scarcely been given when the patient had a sudden epileptic attack (*épilepsie généralisée*). Believing the symptoms to be of toxic origin, M. Guinard immediately made an incision and allowed the fluid to escape but the patient nevertheless had two epileptic attacks and died in three-quarters of an hour. In addition to this case M. Guinard mentioned five others, of which two were unpublished and three have been published by M. Netter, M. Menard of Berck, and M. Estor of Montpellier, making a total of six deaths for which naphthol camphor was responsible. He also mentioned 14 cases attended by symptoms of such severity that a fatal issue was apprehended. The pathogenesis of these conditions was very obscure. No objection could be raised either on the ground of the quality of the liquid, or the dose, or the age of the patients, or the operative manipulation. The only remaining possibility seemed to be a poisonous quality of the mixture of camphor and beta-naphthol, and M. Guinard has come to the conclusion that an injection of naphthol camphor properly admininistered in a small dose of five or ten cubic centimetres to a healthy adult or child might cause death in a few minutes.

Psychical Phenomena due to Teething.

At a meeting of the Society of Hypnology and Psychology held on April 26th M. Demonchy described the case of a child who suffered from excitement, nervous attacks, fits of passion and violence, and an irresistible impulse to use foul and abusive language in response to questions. The diagnosis of meningitis was made and a fatal termination was expected. In reality the peculiar mental condition of the child depended on trismus and buccal infection due to the appearance of the sixth-year molar tooth. Treatment directed to the buccal infection cured the trismus and the normal mental condition was restored.

Dietetic Treatment in Disease of the Liver.

At a meeting of the Therapeutical Society held on May 11th M. Burlureaux drew the attention of his colleagues to the use of hepatic extract (*opothérapie hépatique*) in the diagnosis and treatment of disease of the liver. He had only two cases to report but the success of the method in the first case and its failure in the second were so conspicuous that the facts were of undoubted scientific value. The first patient, who was a woman suffering from very serious hepatic inadequacy, recovered rapidly on being treated with enemata consisting of a maceration o 200 grammes of pig's liver in cold water. Milk did not agree with her and M. Chauffard even gave her raw meat with advantage. The second patient, who was also a woman, presented the appearance of a cancerous subject and several medical men believed her to be suffering from latent cancer of the stomach. By treating her with milk diet and mixed diet for nine months M. Burlureaux succeeded in restoring her to health at the end of that time. She had a serious relapse in the course of which opotherapy was tried but did not give a favourable result, whereas milk deprived of its cream was successful in rescuing the patient from her alarming condition. These examples proved that opotherapy might serve to distinguish between excessive and defective action of the liver, for it might be inferred that this action was defective in the first patient and excessive in the second. M. Barbier spoke on the subject of feeding children. In the case of suckling infants, white, plaster-like, very fœtid stools without jaundice denoted pigmentary derangement of the liver and danger was to be apprehended. The diet ought then to consist of substances containing much water, such as decoctions of cereal products and sugared drinks; it was, in fact, necessary to graduate the supply of nourishment and to keep it below the normal amount. Milk was dangerous because of the albumin and fat which it contained. Children thus affected were weakly; they had a jaundiced complexion, a capricious appetite, a furred tongue, constipation, fœtid stools, scanty urine depositing uric acid or urocrythrine, febrile attacks, and uncontrollable vomiting. The liver was somewhat enlarged; its margin projected beyond the false ribs and was not sharp. These patients must have but little milk and no meat; their food must consist of farinaceous substances and cereals. Eau de Vittel and iron may be prescribed, as the latter plays an important part in the action of the liver.

"Pen Stammering."

At the meeting of the Society of Hypnology and Psychology held on April 26th M. Bérillon argued that the term "stammering" (*bégaiement*) which was applied to difficulty of vocal utterance might be, and ought to be, extended so as to include analogous difficulties in writing. Many persons were incapable of writing even one of the letters of a word so long as anyone was looking at them, but this timidity only existed when they attempted to write in public. M. Bérillon cited the case of a medical man who when he was a student was never able to sign the attendance book and each time had to get one of his friends to do it for him. Recently when meeting one of his former teachers in consultation he by an artifice induced the latter to write the prescription as he himself was unable to hold the pen. The timidity of these "stammering writers" is the result of two principal factors—namely, emotion and indecision (*aboulie*); it is quite amenable to hypnotic suggestion which has in a certain number of analogous cases given excellent results. M. Legrain said that emotion was at the bottom of many neuropathic difficulties in writing and that writer's cramp was a form of "bégaiement graphique" with this difference, that it was continuous, whereas the "pen stammerers" of whom M. Bérillon spoke only "stammered" at intervals under certain conditions. It therefore seemed that hypnotic suggestion was plainly indicated in the treatment of writer's cramp. To this M. Bérillon replied that writer's cramp was very persistent and that a long course of re-education would have to be combined with the hypnotic suggestion.

May 31st.

Medical News.

UNIVERSITY OF OXFORD.—In a Congregation held on May 19th the following degree was conferred:—

Doctor of Medicine.—Edgar William Willett, New College, and William Arthur Pernow Waters, Brasenose College.

Herbert M. Turnbull, M.A., B.M., Magdalen College, has been elected to a Radcliffe travelling fellowship for three years.

UNIVERSITY OF CAMBRIDGE.—An election to the John Lucas Walker studentship for pathological research will shortly take place. The value is £200 a year for three years. Applications should be sent to Professor G. Sims

Woodhead by June 27th. It is proposed to establish new demonstratorships in surgery and in experimental psychology.—Professor C. S. Sherrington of the University of Liverpool has been approved for the D.Sc. degree.—At the Congregation on May 26th the following degrees were conferred:—

Bachelor of Medicine.—F. D. Nicholson, King's; H. S. D. Browne, Trinity; W. E. Hume, Pembroke; B. Higson, Magdalene; and W. B. Crowfoot and H. J. Shone, Emmanuel.
Bachelor of Surgery.—H. Falk, King's; R. G. Elwell, Trinity; E. Ward, Clare; W. E. Hume, Pembroke; and K. H. A. Kellie, Gonville and Caius.

The Grace for the establishment of a Board of Anthropological Studies was carried at the same Congregation by 102 to 8.—At the Special Congregation for conferring honorary degrees held at Cambridge on May 28th, two of the six honorary degrees in Science were conferred on two distinguished anatomists, Emeritus Professor Retzius of Stockholm and Professor Waldeyer of Berlin. The Public Orator, Dr. J. E. Sandys, in presenting them for the degrees, delivered two speeches distinguished by the happy turns of speech and elegant Latinity so characteristic of him.

CONJOINT EXAMINATIONS IN IRELAND BY THE ROYAL COLLEGE OF PHYSICIANS AND THE ROYAL COLLEGE OF SURGEONS.—At a special examination for the diploma in Public Health held in February the following were successful:—

M. A. Curry, L.R.C.P. & S.Irel., and Edward Carnell, L.R.C.P. Irel.

FOREIGN UNIVERSITY INTELLIGENCE.—*Berlin:* Dr. Georg Levinsohn and Dr. Joh. Herzog have been recognised as *privat-docenten* of Ophthalmology and Dr. Adolf Bickel as *privat docent* of Pathology.—*Breslau:* Dr. H. Reichenbach of Göttingen has been recognised as *privat-docent* of Hygiene.—*Copenhagen:* Professor Hirschprung is resigning his post as lecturer on Children's Diseases.—*Freiburg:* Dr. Hegar, the well-known gynæcologist, is about to retire from his professorship and has been appointed Privy Councillor with the title "Excellenz."—*Gratz:* Dr. Paul Mathes has been recognised as *privat-docent* of Midwifery and Gynæcology.—*Marburg:* Dr. W. Krauss has been recognised as *privat-docent* of Ophthalmology.—*Naples:* Dr. C. Cafiero has been recognised as *privat-docent* of Internal Pathology, Dr. Gaetano Finizio as *privat-docent* of Children's Diseases, and Dr. Vito Capriati as *privat-docent* of Electrotherapeutics.—*Strasburg:* Dr. Leopold Rosenthalen, First Assistant in the Pharmaceutical Institute, has been recognised as *privat-docent*.—*Vienna:* Dr. Leopold Freund, Dr. Robert Kienbock, and Dr. Guido Holzknacht have been recognised as *privat-docenten* in the use of the Roentgen Rays. Dr. Paul Moser has been recognised as *privat-docent* of Children's Diseases.

CENTRAL MIDWIVES BOARD.—At a meeting of this Board, held at the Board Room, Suffolk-street, S.W., on May 26th, the following business amongst other was transacted. The further consideration was resumed of letters from the Royal Academy of Medicine in Ireland, the Rotunda Hospital, Dublin, the Coombe Hospital, Dublin, and the Belfast Maternity Hospital asking for a modification of the rules of the Board so as to facilitate the admission of Irish trained pupil midwives to the examinations of the Board. After discussion it was resolved that the Privy Council should be asked to sanction the appending of the following note to Rule C.I. (2):

Note.—A certificate to the effect that the candidate has nursed twenty lying-in women during the *eight* days following labour will be accepted in place of the above in cases (1) where the course of special training in a hospital has extended over a period of six months, or (2) where a course of three months' special training in a hospital has been preceded by a full course of training in general nursing.

It was also resolved that the Privy Council should be asked to sanction an alternative form of certificate under Form IV. in the Schedule, to meet the modification contemplated by the above note. It was further resolved that reporters of the recognised medical and nursing journals should be invited to attend the meetings of the Board. The following figures show the separate numbers of the various qualifications at present appearing on the roll: Royal College of Physicians of Ireland, 1; Obstetrical Society of London, 1434; Rotunda Hospital, 64; Coombe Hospital, 28; Queen Charlotte's Hospital, 99; Liverpool Lying-in Hospital, 57; British Lying-in Hospital, 4; Glasgow Maternity Hospital, 49; St. Mary's Hospital, Manchester, 85; Manchester Maternity Hospital, 1; City of London Lying-in Hospital, 10; Royal Maternity Hospital, Edinburgh, 11; Salvation Army Maternity Hospital, 5; National Maternity Hospital, Dublin, 2; and Women in *bonâ fide* practice July, 1901, 3480. Total enrolled, 5330.

THE NOTIFICATION OF MEASLES.—The Wigan sanitary committee has adopted for a further period of three years the following recommendation of the medical officer of health as to the voluntary notification of first cases of measles in a household: "Notification of the first case of measles occurring in any house shall be made to the sanitary authority on the same terms as compulsory notification of other infectious diseases."

GLASGOW OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—The following have been elected office-bearers of this society for the session 1904–05: Honorary President, Dr. C. J. Cullingworth, London; President, Dr. J. K. Kelly; Vice-Presidents, Dr. A. Richmond and Dr. John Lindsay; treasurer, Dr. G. N. Turner; secretary, Dr. G. Balfour Marshall; editor of Transactions, Dr. A. N. McLellan; reporting secretary, Dr. A. Louise McIlroy; pathologist, Dr. John H. Teacher; members of council, Dr. J. Nigel Stark (past president), Dr. Samuel Alexander, Dr. D. Watson, Dr. R. O. Adamson, Mr. Campbell Syme, Dr. W. L. Reid, and Dr. W. Ritchie.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.—The deaths of the following eminent foreign medical men are announced:—Dr. Ludwig Wilhelm Liersch of Kottbus, author of "The Last Illness and Death of Frederick the Great," "The Left Hand," and various ophthalmological papers. He studied medicine in the early "fifties" in Paris, London, and Edinburgh, after having qualified in Germany.—Dr. E. Demange, professor of forensic medicine in Nancy.—Dr. Gilles de la Tourette, *agrégé* of the Paris Medical Faculty.—Dr. Carlo De Vincentiis, professor of ophthalmology in the University of Naples.—Dr. Georg Karamitsas, professor of medicine in the University of Athens. He was born in 1834 in the island of Lesbos and studied at Athens and afterwards at Würzburg, where he took his degree. He then returned to Athens and taught pathological anatomy in the university, subsequently becoming professor of medicine. He founded the medical journal *Asklepios* and edited the Greek edition of Niemeyer's "Special Pathology and Therapeutics" and several other translated works.

UNIVERSITY OF ABERDEEN.—A meeting of the University of Aberdeen Anatomical and Anthropological Society was held on May 28th at Marischal College, Professor R. W. Reid being in the chair. Dr. G. Stoddart read a paper entitled "Statistics obtained from Observations of the Eyes of 400 Students." The observations had been made in the anthropometrical laboratory at Marischal College for the most part by Dr. C. H. Usher, and with his assistance Dr. Stoddart had compiled the statistical results, a compilation which is unique in the history of British university anthropometry. Dr. Stoddart reviewed the subject under several heads. As regards acuteness of vision the statistics obtained compared favourably with those obtained by other observers. The proportion of Aberdeen students with short sight was shown to be much smaller than that found by similar observations in German and American universities—namely, 18·7 per cent., as compared with 28 per cent. in some American universities and 59 per cent. at the University of Breslau. Another interesting point brought out by the observations was that short sight was much more frequently found in students coming from towns than in those from country districts. The prevalent idea that in short-sighted eyes the pupil was usually larger than in eyes with normal vision was contradicted by these observations which showed a larger average pupil in long sight than in short sight. With regard to the colour of the eye, it was shown that dark eyes predominated in persons having dark hair and skin. In the group of those with red hair a larger proportion of the eyes were of a grey colour than in the other groups. Acuteness of vision was found to depend little, if at all, on the size of the pupil or the colour of the eye. Light-coloured eyes were found to have a slightly larger pupil than dark or grey-coloured eyes. 3 per cent. of the students were found to be colour-blind. After a short discussion on the above subject a paper was read by

Mr. M'Kerrow on the Inhabitants of Uganda, illustrated by ten skulls of Wa Soga people presented to the anatomical museum by Dr. Ian Rose, late medical officer, Uganda Railway.

CENTENARIANS.—Two centenarians in North Wiltshire have just been celebrating their birthdays. Mrs. E. Winter of Cricklade has attained her 104th anniversary and Mrs. M. Vines of Bradenstoke has attained her 102nd.

REMUNERATION FOR EXTRA WORK.—At the meeting of the Bristol board of guardians held on May 20th a gratuity of £10 was awarded to Dr. C. Morley Phillips, medical officer of the tenth district of the Bristol union, for extra services rendered by him in connexion with the outbreak of diphtheria at the Grove Home for Girls, Brislington.

A UNIVERSITY FOR THE DON PROVINCES.—A movement to found a university in Novotcherkask, says the *Pharmaceutical Gazette*, to meet the educational wants of South-East Russia and the Caucasus, is warmly supported by the local authorities and the first day's subscriptions towards the realisation of the project reached the sum of 30,000 roubles (£3000).

GUY'S HOSPITAL LADIES' ASSOCIATION.—The ninth annual general meeting of this association was held at the hospital on May 28th. The President of the Association, Princess Christian, was present at the meeting and was received by Mrs. Benyon and Mrs. Cosmo Bonsor. Before the meeting several ladies, as secretaries of local branches, were presented to Her Royal Highness. The minutes of the last general meeting having been read and signed by Her Royal Highness as correct, Mrs. Pye-Smith, the honorary treasurer, presented the accounts which were approved of. The annual report, which was read by Mrs. May H. Shaw, the honorary secretary, contained a recommendation from the committee that £150 should be voted from the funds to support three beds in the maternity ward. It was announced that two new branches had been instituted during the year. The reports of the 14 local branches were read and proved that all were in a highly satisfactory state. A vote of thanks to Her Royal Highness for presiding was moved by Mrs. Benyon, seconded by the Countess of Bective, and carried with acclamation, after which Her Royal Highness inspected the needlework contributed during the year and was entertained at tea.

CRYSTAL PALACE JUBILEE.—Great preparations are being made for the forthcoming celebration of the Crystal Palace jubilee. On June 10th, 1854, the Crystal Palace after being transferred from Hyde Park was opened in state by Her Majesty Queen Victoria, accompanied by the Prince Consort and His Majesty King Edward VII. (then Prince of Wales) and it has been decided to celebrate the jubilee of this event by a grand concert on Saturday, June 11th next. The undertaking has been honoured by the patronage of their Majesties the King and Queen and it is intended that the festival shall be in keeping with those many gigantic musical functions associated with the name of the Crystal Palace. Sir August Manns on the forthcoming occasion will occupy his old position as director of the choir and orchestra, which will number over 3000 performers, and the artistes will be Madame Albani, Miss Agnes Nicholls, Miss Muriel Foster, Mr. Ben Davies, and Mr. Santley. Mr. Walter W. Hedgcock will be the organist. Messrs. C. T. Brock will give a great display of fireworks.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of this society was held on May 18th at 11, Chandos-street, W., Mr. Christopher Heath, the President, being in the chair. From the report read by the secretary it appeared that 12 new members had been elected in 1903, four had died, and three resigned, leaving 297 members at the end of the year. Two widows were elected and three had died; 53 were in receipt of grants on Dec. 31st, 1903. Six orphans had been granted assistance and one had become ineligible, leaving 15 receiving grants. A sum of £3308 10*s.* had been distributed during 1903. The expenses of the year had been £244 19*s.* 9*d.* The receipts available for payments had been £3302 1*s.* 10*d.*, a deficit of £251 17*s.* 11*d.* on receipts and payments owing to change of investments and half a year's interest only paid on the new stock. A small legacy of £25 had been received. A vote of thanks to the editors of the medical journals was passed unanimously. The following gentlemen were elected to fill the vacancies in the court of directors: Mr. A. W. Green, Mr. E. G. C. Snell, Mr. E. H. May, Dr. C. Godson, Mr. W. J. N. Bell, Dr. W. C. James, and Dr. Samuel West. A vote of thanks to the chairman closed the proceedings.

TORBAY HOSPITAL.—The sum of £1215 has been already received by the committee of the Torbay Hospital towards the £2000 required for the proposed children's ward in that institution, and an anonymous donor has promised £100 provided that the whole amount is forthcoming by the end of June.

DONATIONS AND BEQUESTS.—Mrs. Isabella Burn-Blyth, of Woolhampton, Berks, by her will bequeathed £100 to the Bishop of Mauritius for the benefit of the Medical Mission at Mauritius, £100 to the Reading Hospital, £50 to the Newbury Dispensary, and a like sum to the Medical Mission at Woolhampton.—Under the will of Miss Susan Sympson, of Minster-yard, Lincoln, subject to some specific bequests, £100 have been bequeathed to the Lincoln County Hospital, £100 to the Lincoln General Dispensary, £100 to Epsom College, £100 to the Midland Institution for the Blind, £100 to the Mablethorpe Convalescent Home, and £100 to the Alexandra Hospital at Woodhall Spa.—The Drapers' Company has voted a grant of £500 towards the reconstruction of the isolation accommodation and the erection of special wards for whooping-cough patients now in progress at the East London Hospital for Children, Shadwell, E., conditionally that the total amount required—namely, £10,000—is subscribed within a reasonable time.—The Coal and Corn and Finance Committee has resolved to recommend the Court of Common Council of the City of London to contribute the sum of £2000 as a donation towards the fund for the rebuilding of St. Bartholomew's Hospital.—The Great Western Railway Company has sent a donation of £250 towards the same object.

ASYLUM WORKERS' ASSOCIATION.—The annual report for 1903 shows that since the previous report appeared there has been a diminution in the number of ordinary members but an increase in subscriptions. Fluctuations of this sort must be expected to occur in such an association until better enticements are offered to induce permanence of service by asylum staffs. Provisions for securing adequate pensions are much desired and the matter will be urged by the association upon Parliamentary candidates. To encourage long and meritorious nursing service in asylums two gold and two silver medals annually are awarded by the association. The subject of the proposed State registration of nurses has been consided by the executive committee and the claims of both male and female mental nurses to consideration have been successfully urged upon the promoters of each of the Bills now before the House of Commons. The financial statement for 1903 showed that the total receipts with last year's balance amounted to £472 10*s.* 7*d.* and that the payments amounted to £385 15*s.* 4*d.* 21 nurses and attendants received grants from the "Homes of Rest" Fund and benefited by the rest and change of environment so secured. By this fund members are enabled to stay at health resorts in any part of the kingdom. The Reading Union promotes the study of standard light literature amongst asylum workers. Mr. Rider Haggard has given a special prize in this connexion. The eminent services during seven years of the retiring President, Sir James Crichton-Browne, are gratefully referred to and Sir John Batty Tuke has been nominated as his successor.

Parliamentary Intelligence.

HOUSE OF COMMONS.

TUESDAY, MAY 31ST.

The Manufacture of Serum.

Mr. ROBERT CAMERON asked the Home Secretary whether his attention had been called to the report of the Lister Institute of Preventive Medicine in which it was admitted that the injection of antitoxin caused a large number of rashes, inflammation of joints (ascribed to something inherent in the serum of the horses or other animals), and also an increased number of cases of paralysis; and whether in view of this statement he would consider the advisability of taking steps to

prohibit the manufacture of serum in laboratories licensed under the Vivisection Acts.—MR. AKERS-DOUGLAS said: The manufacture of serum is a procedure outside the scope of the Cruelty to Animals Act, and I am not prepared to act on the suggestion of the hon. Member. As regards the first part of the question, I presume the hon. Member refers to the pamphlet which the Lister Institute has thought it right to issue by way of a warning (in order to prevent unnecessary alarm) and in which it is stated that in some cases certain results such as rashes and joint pains may follow the therapeutic use of sera. These results, it is stated, are of a temporary nature and cause no bad after-effects. The words of the pamphlet with reference to diphtheritic paralysis do not convey to my mind the meaning attributed to them by the hon. Member.

BOOKS, ETC., RECEIVED.

ALLEN, GEORGE, Muskin House, 156, Charing Cross-road, W.C.

The Double Garden. By Maurice Maeterlinck. Translated by Alexander Teixeira de Mattos. Price 5s. net.

BAILLIÈRE, TINDALL, AND COX, 8, Henrietta-street, Covent-garden, W.C.

On the Diminishing Birth-rate. Presidential Address delivered before the British Gynæcological Society, Feb. 11th, 1904. By John W. Taylor, M.Sc., F.R.C.S. Eng., Professor of Gynæcology, Birmingham University. Price 1s.

Guide to the Analysis of Potable Spirits. By S. Archibald Vasey, F.I.C., F.C.S., Member of the Society of Public Analysts. Price 3s. 6d. net.

CHURCHILL, J. AND A., 7, Great Marlborough-street, W.

A Manual of Surgical Diagnosis. By James Berry, B.S., F.R.C.S., Surgeon to, and Lecturer on Surgery at, the Royal Free Hospital. Price 6s. net.

Uric Acid: An Epitome of the Subject. By Alexander Haig, M.A., M.D. Oxon., F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women. Price 2s. 6d. net.

FISCHER, GUSTAV, Jena.

Die physikalische Therapie im Lichte der Naturwissenschaft. Von Dr. Willy Mueller, Besitzer und Leiter der physikalisch-diätetischen Heilanstalt Dorotheenbad-Gotha. Price M.2.40.

GRIFFIN, CHARLES, AND COMPANY, LIMITED, Exeter-street, Strand, W.C.

A Manual of Ambulance. By J. Scott Riddell, C.M., M.B., M.A., Senior Surgeon and Lecturer on Clinical Surgery, Aberdeen Royal Infirmary. Fifth edition, thoroughly revised and enlarged. Price 4s.

HIRSCHWALD, AUGUST, Unter den Linden, 68, Berlin, N.W.

Lehrbuch der Speciellen Chirurgie. Für Aerzte und Studirende. Von Dr. Franz Koenig, Ord. Professor der Chirurgie, Geh. Med.-Rath Director der Chirurgischen Universitäts-Klinik und Poliklinik der Kgl. Charité in Berlin. Achte Auflage. Band I., preis M.15. Band II., preis M.17.

HODDER AND STOUGHTON, 27, Paternoster-row, E.C.

The Pathology of the Eye. By J. Herbert Parsons, B.S., D.Sc. Lond., F.R.C.S. Eng., Assistant Ophthalmic Surgeon, University College Hospital. Vol. I., Histology. Part I. Price £2 net to subscribers. Separate volumes 15s. net.

J. B. LIPPINCOTT COMPANY, 5, Henrietta-street, Covent-garden, W.C.

International Clinics. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U.S.A., with Collaboration. Volume I. Fourteenth Series, 1904. Price not stated.

MALOINE, A., 25-27, Rue de l'Ecole-de-Médecine, Paris.

Manuel d'Orthopédie Vertébrale. Par le Dr. A. Chipault, de Paris. Price not stated.

MASSON ET CIE, 120, Boulevard Saint-Germain, Paris.

Technique du Traitement de la Coxalgie. Par le Dr. Calcot, Chirurgien en chef de l'hôpital Rothschild, de l'hôpital Cazin-Perrochaud, de l'hôpital de l'Oise et des Départments. Price Fr. 7.

MURRAY, JOHN, Albemarle-street, W.

Physical Deterioration, its Causes and the Cure. B A. Watt Smyth. Price 6s. net.

OFFICE OF THE SUPERINTENDENT OF GOVERNMENT PRINTING, Calcutta.

Census of India, 1901. Vol. I., Ethnographic Appendices, being the Data upon which the Caste Chapter of the Report is based. By H. H. Risley, I.C.S., C.I.E., Officer of the French Academy, Corresponding Member of Berlin Anthropological Society. Price Rs.3, or 4s. 6d.

PENTLAND, YOUNG J., Edinburgh and London.

Manual of Surgery. By Alexis Thomson, M.D., F.R.C.S. Edin., Assistant Surgeon, Edinburgh Royal Infirmary; Surgeon to the Deaconess Hospital, Edinburgh; and Alexander Miles, M.D., F.R.C.S. Edin., Assistant Surgeon, Edinburgh Royal Infirmary; Surgeon to Leith Hospital. Vol. II., Regional Surgery. Price not stated.

REBMAN, LIMITED, 129, Shaftesbury-avenue, W.C.

Elements of General Radio-therapy for Practitioners. By Dr. Leopold Freund, Vienna. Translated by G. H. Lancashire, M.D. Brux., M.R.C.S. Eng., L.R.C.P. Lond., Assistant Physician to the Manchester and Salford Hospital for Skin Diseases. Price £1 1s. net.

ROYAL MAIL STEAM PACKET COMPANY, 18, Moorgate-street, E.C.

Guide for the South American Route. For the Information of Tourists and Passengers. Price not stated.

SHERRATT AND HUGHES, 65, Long Acre, W.C., and 27, St. Ann-street, Manchester.

Practical Prescribing and Dispensing. For Medical Students. By William Kirkby, Sometime Lecturer in Pharmacognosy in the Owens College, Manchester. Price 4s. 6d. net.

SMITH, ELDER, AND CO., 15, Waterloo-place, S.W.

Aspects of Social Evolution. First Series. Temperaments. By J. Lionel Taylor, M.R.C.S. Price 7s. 6d.

STUBER, A. (O. KABITZSCH), Würzburg.

Beiträge zur Klinik der Tuberkulose. Herausgegeben von Dr. Ludolph Brauer, a.o. Professor an der Universität Heidelberg. Bd. II., Heft 4. Einzelpreis, Mk. 4.50.

Verhandlungen des Vereins Süddeutscher Laryngologen, 1894-1903. Herausgegeben im Auftrage des Vereins vom Schriftführer, Dr. med. Georg Avellis, Frankfurt a.M. Price M.15.

THACKER, W., AND CO., 2, Creed-lane, E.C.

Medical Jurisprudence for India, with Illustrative Cases. By I. B. Lyon, C.I.E., F.C.S., F.I.C., Brigade Surgeon, I.M.S., retired. Revised and brought up to date by L. A. Waddell, M.B., C.I.E., LL.D., F.L.S., Lieutenant-Colonel, Indian Medical Service. Third edition. Price Rs. 18.

WILEY, JOHN, AND SONS, New York. CHAPMAN AND HALL, LIMITED, London.

A Compendium of Chemistry, including General, Inorganic, and Organic Chemistry. By Dr. Carl Arnold, Professor of Chemistry in the Royal Veterinary School of Hanover. Authorised translation from the eleventh enlarged and revised German edition, by John A. Mandel, Sc.D., Professor of Chemistry, Physics, and Physiological Chemistry in the University and Bellevue Hospital Medical College. Price 15s. net.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week, such information for gratuitous publication.*

BURKE, P. H., has been appointed Certifying Surgeon under the Factory Act for the Newbirmingham District of the county of Tipperary.

CARSON, HERBERT W., F.R.C.S. Eng., has been appointed Surgeon to the Tottenham Hospital.

CUSACK, R., has been appointed Certifying Surgeon under the Factory Act for the Cashel District of the county of Tipperary.

ELLIS, L. ERASMUS, M.D. Brux., M.R.C.S., L.R.C.P. Lond., L.S.A., has been appointed Clinical Assistant to the National Hospital for Diseases of the Heart, Soho-square, London, W.

GREEN, T. A., M.D., C.M. Edin., has been appointed Surgeon to the Out-patients at the Bristol Royal Hospital for Sick Children and Women.

GREGG, JAMES, M.B., Ch.B. and B.A.O. Dub., has been appointed Port Health Officer at Stanley, Tasmania.

HUTTON, JOHN ROBERT, M.B., M.S. Edin., has been appointed Medical Officer at Dalby and Visiting Medical Officer of the Jubilee Sanatorium for Consumptives, Dalby, Queensland, *pro tem.*

KEOGH, S., has been appointed Certifying Surgeon under the Factory Act for the Dundrum District of the county of Tipperary.

MCDONALD, JAMES EDWARD FANCOURT, M.B., B.S. Melb., has been appointed Acting Assistant Health Officer for the Port of Brisbane, Queensland, *pro tem.*

MITCHELL, G., has been appointed Certifying Surgeon under the Factory Act for the Templemore District of the county of Tipperary.

MITCHELL, M., has been appointed Certifying Surgeon under the Factory Act for the Tullaroan District of the county of Kilkenny.

MUIR, JAMES MILLAR MACKAY, M.B., M.S. Glasg., has been appointed Port Health Officer for Wynyard and Table Cape, Tasmania.

ROBERTS, EDWARD J., M.B. and B.S. Univ. N.Z., has been appointed Senior House Surgeon to the Hobart General Hospital, Tasmania.

ROOKE, CHARLES, M.R.C.S. Eng., has been appointed Port Health Officer at Burnie, Tasmania.

SPROTT, GREGORY, M.D. Glasg., D.P.H., has been appointed a Member of the Metropolitan Drainage Board, Tasmania.

STUART, George Gordon, L.R.C.P., L.R.C.S., L.F.P.S. Edin., has been appointed Port Health Officer at Ulverstone, Tasmania.

WADE, CHARLES, L.R.C.P. Lond., M.R.C.S., has been appointed Surgeon to the Boscastle (Cornwall) Friendly Society.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement (see Index).

BIRMINGHAM CITY ASYLUM.—Junior Assistant Resident Medical Officer. Salary £150 a year, with board, lodging, and washing.

BIRMINGHAM, PARISH OF, WORKHOUSE INFIRMARY.—Assistant Resident Medical Officer. Salary £104 per annum, with apartments, rations, &c.

BIRMINGHAM, UNIVERSITY OF.—Second Demonstratorship in Anatomy. Stipend £150 per annum.

BRIGHTON, HOVE, AND PRESTON DISPENSARY.—House Surgeon. Salary £160, with rooms, coals, gas, and attendance.

CANCER HOSPITAL, Fulham-road, S.W.—Assistant Anæsthetist. Honorarium 25 guineas per annum.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn-road, W.C.—House Surgeon. Salary at rate of £50 per annum, with board and residence.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary 100 guineas per annum.

DUMFRIES AND GALLOWAY ROYAL INFIRMARY.—House Surgeon. Salary £50 per annum, with board and washing.

GARLANDS, CARLISLE, CUMBERLAND AND WESTMORLAND ASYLUM.—Junior Assistant Medical Officer. Salary £130 a year, rising to £150, with board, lodging, and washing.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL, Hastings.—Honorary Assistant Physician.

HEMEL HEMPSTEAD, WEST HERTS INFIRMARY.—House Surgeon, unmarried. Salary £100 per annum, with rooms, board, attendance, and washing.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House Physicians for six months. Honorarium of £25.

HOSPITAL FOR SICK CHILDREN, Great Ormond-street, London, W.C.—Ophthalmic Surgeon.

HULL ROYAL INFIRMARY.—Fourth House Surgeon. Salary £50, with board and apartments.

KENT AND CANTERBURY HOSPITAL.—House Physician, unmarried. Salary £90 a year, with board and lodging.

LEICESTER INFIRMARY.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing.

LIVERPOOL DISPENSARIES.—Assistant Surgeon, unmarried. Salary £100 per annum, with board and apartments.

LIVERPOOL INFIRMARY FOR CHILDREN.—House Surgeon. Salary £100 per annum, with board and lodging.

LONDON HOSPITAL.—Cancer Research Scholarship. Value £150.

MANCHESTER, VICTORIA UNIVERSITY.—Professor of Pathology and Pathological Anatomy.

PERTH DISTRICT ASYLUM, Murthly.—Assistant Physician. Salary £120 per annum, with board, apartments, washing, &c.

RAINHILL, NEAR LIVERPOOL, COUNTY ASYLUM.—Assistant Medical Officer as Locum Tenens for three or four months. Salary £4 4s. per week, with apartments and board.

ROCHDALE INFIRMARY.—Resident Medical Officer, unmarried. Salary £100 per annum, with board, residence, and washing.

ROYAL FREE HOSPITAL, Gray's Inn-road, W.C.—Senior Resident Medical Officer. Salary £100 per annum, with board, residence, and washing.

ROYAL LONDON OPHTHALMIC HOSPITAL, City-road, E.C.—Third House Surgeon. Salary £50, with board and residence.

SEAMEN'S HOSPITAL SOCIETY BRANCH HOSPITAL, Royal Victoria and Albert Docks, E.—House Surgeon. Salary £50 per annum, with board, residence, and washing.

STAMFORD, RUTLAND, AND GENERAL INFIRMARY.—House Surgeon, unmarried. Salary £100 per annum, with board, lodging, and washing.

SWANSEA GENERAL AND EYE HOSPITAL.—Resident Medical Officer. Salary £75 per annum, with board, apartments, washing, and attendance.

WADSLEY, NEAR SHEFFIELD, WEST RIDING ASYLUM.—Fifth Assistant Medical Officer. Salary £140, rising to £160, with board, &c.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, 73, Welbeck-street, London, W.—Honorary Assistant Physician.

WEST LONDON HOSPITAL, Hammersmith-road, W.—House Physician for six months. Board and lodging provided.

WIMBLEDON, ATKINSON-MORLEY'S CONVALESCENT HOSPITAL, Copse-hill.—Resident Medical Officer. Salary at rate of £100 a year.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House Physician for six months. Honorarium at rate of £75 per annum, with board, lodging, and washing.

Births, Marriages, and Deaths.

BIRTHS.

HIKINS.—On May 30th, at Leavesden, Herts, the wife of Frank Ashby Hikins, M.D., of a son.

MORRIS.—On May 29th, at Hope-street, Cape Town, South Africa, the wife of Dr. F. M. Morris, of a daughter. (By cable.)

WAKLEY.—On Friday, May 27th, 1904, at 16, Hyde Park-gate, S.W., the wife of Thomas Wakley, jun., L.R.C.P. Lond., of a son.

WILLIAMS.—On May 26th, at Holyrood House, Beckenham, Kent, the wife of J. Lawson Williams, M.D., of a son.

MARRIAGE.

ELLIS—EDWARDS.—On May 25th, at Holy Trinity, Upper Tooting, Clarence Isidore Ellis, M.D. & C.M. Aberd. and L.S.A. Lond., to Margaret Edwards, only child of the late John Edwards and Mrs. Edwards of Mayfield, St. Nicholas-road, Upper Tooting.

DEATH.

IVES.—On May 31st, at Belmont-road, Portswood, Southampton, Robert Ives, M.R.C.S., L.R.C.P., L.M., second son of the late Dr. Charles James Ives, and grandson of Dr. Thomas Ives, both of Chertsey, Surrey.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments, and Answers to Correspondents.

COMPENSATION FOR INJURIES AND INSURANCE.

To the Editors of THE LANCET.

SIRS,—I have received letters from two medical men asking to be allowed to be present, on behalf of an insurance company, at an operation upon a hospital patient of mine for a condition following an injury. I shall be glad if you will express an opinion as to the desirability or otherwise of permitting this practice.

I am, Sirs, yours faithfully,

May 28th, 1904. W.

* There is much to be said on both sides. On behalf of the medical men representing the insurance company it may be urged that they may, by being present at the operation, have an opportunity of estimating more exactly the actual injury done and the chance of a perfect recovery. On the other hand, it can hardly be necessary for these medical men to be present, for the surgeon under whose care the patient is is certainly in the best position for expressing an opinion as to the condition of the patient. The main difficulty arises from the fact that these two medical men represent the insurance company and thus they are liable to take an *ex parte* view of the injury and perhaps even of the operation and of the mode in which it is performed. On the whole, we feel that it is hardly possible to refuse permission to be present to qualified medical men, but we think that they should be very careful not to let their zeal for the interests of the insurance company with which they are connected over-ride their judgment and so permit them to criticise the treatment adopted by the surgeon in charge of the case.—ED. L.

MADAME MAGDALEINE.

ON the evening of May 29th Madame Magdaleine, of whose performance in Paris our Paris correspondent gave our readers an account in THE LANCET of May 14th, made her *début* in London under the auspices of the Sunday Concert Society at the Grafton Galleries. Madame Magdaleine, who is a very pretty and graceful woman of an obviously Slav type, is claimed to give her "musical interpretations" while in a state of hypnosis. She appeared on the platform accompanied by M. Magnin, professor at the Paris School of Magnetism. He held her hands and also made the usual hypnotic passes, upon which she apparently fell into a hypnotic state. Music was then played when Madame Magdaleine illustrated the various moods reflected in the music by appropriate poses and dances. The musical instruments were a violin, a piano, a Mustel organ, and, if our ears did not deceive us, a celesta. To the peculiar quality of this last Madame Magdaleine seemed specially sensitive. We must confess to being very doubtful about the reality of the apparent hypnosis whatever may have been the case at the Paris *séance*, but be this as it may, Madame Magdaleine is a thorough artist and her performance was well worth seeing.

A WEEK'S SUICIDES IN MANCHESTER.

SIX suicides were recorded in Manchester last week. So far as was ascertained two were from ill health, one was attributed to "mental depression," and in the other three the victims had been out of work for some time. Two of the men drowned themselves; a woman in ill health hanged herself; a commercial traveller cut his throat with a razor; one man, out of work, took carbolic acid; and the sixth, also out of work, drank oxalic acid. No mention is made of "drink" having anything to do with the ill health, the mental depression, or the being out of work, but it is not improbable that it was an important factor in most of the cases.

ENTERPRISE.

WE have been asked to state the following concerning the medical man referred to in a previous paragraph with this heading as possessing no qualification to practise as a specialist: "M.B. & C.M. Edinburgh, 1892. F.R.C.S. (E.), 1901. *1897 to 1899.*—Assistant and house surgeon, Golden-square Throat Hospital, a period of 12 months—six months assistant, 12 months house surgeon; clinical assistant to the hospital previously. House surgeon, Central London Eye Hospital, July–*Nov.*, Gray's Inn-road—four months. *1899 (Nov.) to 1901 (April).*—House surgeon to the Royal Westminster Ophthalmic Hospital in King William-street, Strand, W. *Dec., 1901.*—Commenced practice West Hartlepool as oculist and aurist. Appointed ophthalmic surgeon to the town hospital here last year."

STRIKING A PATIENT IN A LUNATIC ASYLUM.

AT the South-Western police-court recently a female attendant at the Middlesex County Asylum was summoned for striking a female patient. The evidence showed that the defendant was annoyed by the patient catching hold of her and in a moment of irritation slapped her in the face. Dr. L. W. Rolleston, one of the medical officers of the asylum, gave evidence that the blow was a severe one and that the patient was in indifferent health besides suffering from melancholia. In the circumstances the fine of 40s. imposed, together with

the dismissal of the attendant from her post, will serve to remind those in a like position that the regulations framed for their guidance can be stringently enforced when the occasion requires it. The three hundred and twenty-second section of the Lunacy Act, 1890, enables serious cases of ill-treatment of patients to be punished upon conviction under an indictment by imprisonment or by fine. Upon summary conviction under the same section a fine not exceeding £20 or less than £2 may be imposed.

A QUESTION OF TREATMENT.

To the Editors of THE LANCET.

SIRS,—May I ask your opinion or of any of your readers on the following case. The patient, a man, fell at dusk one evening while walking over rocky ground. To break his fall he put his right hand forward which saved him, but on getting up found he could not move his wrist. On examination it was found that the lower end of the ulna was projecting backwards. No fracture could be found and there was no pain except on the anterior and posterior end of the ulna. It was replaced but slipped back, more especially on supinating the forearm. A temporary splint with a pad over the ulna was put on and when the swelling had disappeared the hand was put up in plaster-of-Paris in the semi-pronated position. After three weeks it was taken down but was practically the same. It is now nine months since the accident and the lower end of the ulna is still very moveable and is only kept in position with a strap. I recently saw a similar case in a young soldier who had been treated six months before for a Colles's fracture. I need hardly say there was no fracture but the condition I have above described. This condition was diagnosed as a dislocation of the lower end of the ulna backwards, the force having torn the ligaments, particularly the broad attachment of the triangular ligament. I would like to know of any others who have seen this accident and their ideas on the subject. What is the best treatment? I know of no description of this accident and have not seen one before. I am, Sirs, yours faithfully,

June 1st, 1904. PROMITTE VIRES.

*** It is somewhat difficult to express a decided opinion on the facts submitted to us, but we should be inclined to think that the lower end of the ulna had been dislocated backwards, the internal lateral ligament of the wrist-joint and possibly the triangular ligament also having given way. After so long a period as nine months it will be very difficult to induce the head of the ulna to retain its right position. The best treatment will be to apply such a splint as will hold the lower end of the ulna in position without interfering with the use of the hand. A leather splint would be best; it would probably need to be worn for some months.—ED. L.

99 PER CENT. ADULTERATION.

THE name of Patrick Lynch, grocer, of Burnley, should surely be recorded, as the owner of the name has attained about the greatest possible height of fraud in the adulteration of butter. On May 18th he was fined the maximum penalty—£50 and costs, or three months' imprisonment—for selling as butter a mixture of 1 per cent. butter and 99 per cent. foreign fat and for selling margarine unlabelled. There were previous convictions against him. The roguery might perhaps be equalled but scarcely the impudence.

NORWEGIAN SANATORIUMS.

To the Editors of THE LANCET.

SIRS,—I shall feel obliged if any of your readers can give me any information about Ganedal, Norway, from a medical point of view. I believe there is a sanatorium or hotel there which is about 3000 feet above sea level. Is the food good and suitable for people of weak digestion and is the climate much the same as the health resorts in Switzerland at the same altitude? Are the sanitary arrangements good?

If you can give me any information concerning the place in your next issue I shall be grateful. I am, Sirs, yours faithfully,

May 30th, 1904. PHYSICIAN.

PATENT ABSORBER BRIAR.

WE have received from Messrs. Charles Crop and Sons of Brooksby Works, Brooksby-walk, Homerton, London, E., a patent pipe which they have recently designed in a way calculated to minimise the deposition of tar oils or moisture in the stem. The bowl consists of two sections: in the larger one the tobacco is burnt and in the smaller section is a porous "magnesia carbon" plug or absorber. The smoke takes a downward direction from the bowl proper and then ascends through the absorber, finally emerging at the top through the stem. From one or two trials it appears that the object is gained, for the stem keeps dry and free from oily matters while the smoke is cool and "sweet." The design is not artistic and the appearance is clumsy. The absorber may be renewed and replaced from time to time as it gets foul.

WANTED—A HOME.

To the Editors of THE LANCET.

SIRS,—Can any of your readers inform me of a home which would receive a cottage woman, 72 years of age, bedridden, as a result of rheumatoid arthritis? The maximum sum she can pay is 10s. weekly.

I am, Sirs, yours faithfully,

May 30th, 1904. INQUIRER.

THE SUPPLY OF ICE FOR DOMESTIC USE.

Messrs. Lehmann and Co., Limited, of Hannam's Ice Works, Gravesend, writing with reference to our remarks upon the above subject in an annotation in THE LANCET of May 28th, p. 1521, state that they supply ice in small quantities made from distilled water and for domestic use and that during the summer they have two vans out every day covering their district. They also offer ice safes for hire at very low rates. We wish this scheme success and should like to see it extended to all parts of the country.

M.Sc., Liverpool.—The subject about which our correspondent inquires is dealt with in treatises of medicine, but the fullest special account which we know of is an article by Dr. Boy-Teissier in vol. xii. of the "Twentieth Century Practice of Medicine." The late Professor George Balfour's book on the "Senile Heart" may also assist our correspondent.

E. P.—We cannot undertake to answer our correspondent's question on the knowledge at our command. The amount of the fee charged must depend upon the financial status of the patient. When the fee charged for an ordinary visit is, say, 7*s.* 6*d.*, one guinea would be a fair fee for the operation named.

Inquirer.—(1) P. Chalmers Mitchell's "Outlines of Biology" (Messrs. Methuen, Essex-street, Strand, London, W.C., 6*s.*), and some of Professor Huxley's treatises. (2) Applications should be made to the secretaries of the examining bodies in question.

Diver's Palsy.—We agree with our correspondent but do not think that any good purpose would be served by reopening the question in our columns.

Wealdstone.—We do not think that the name of the practitioner should appear on the handbills in question.

G. W. (Birmingham).—The action of the druggist was questionable.

COMMUNICATIONS not noticed in our present issue will receive attention in our next.

Medical Diary for the ensuing Week.

OPERATIONS.

METROPOLITAN HOSPITALS.

MONDAY (6th).—London (2 P.M.), St. Bartholomew's (1.30 P.M., St. Thomas's (3.30 P.M.), St. George's (2 P.M.), St. Mary's (2.30 P.M.), Middlesex (1.30 P.M.), Westminster (2 P.M.), Chelsea (2 P.M.), Samaritan (Gynæcological, by Physicians, 2 P.M.), Soho-square (2 P.M.), Royal Orthopædic (2 P.M.), City Orthopædic (4 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.), London Throat (9.30 A.M.), Royal Free (2 P.M.), Guy's (1.30 P.M.).

TUESDAY (7th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), Guy's (1.30 P.M.), Middlesex (1.30 P.M.), Westminster (2 P.M.), West London (2.30 P.M.), University College (2 P.M.), St. George's (1 P.M.), St. Mary's (1 P.M.), St. Mark's (2.30 P.M.), Cancer (2 P.M.), Metropolitan (2.30 P.M.), London Throat (9.30 A.M.), Royal Ear (3 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.), Soho-square (2 P.M.), Chelsea (2 P.M.).

WEDNESDAY (8th).—St. Bartholomew's (1.30 P.M.), University College (2 P.M.), Royal Free (2 P.M.), Middlesex (1.30 P.M.), Charing Cross (3 P.M.), St. Thomas's (2 P.M.), London (2 P.M.), King's College (2 P.M.), St. George's (Ophthalmic, 1 P.M.), St. Mary's (2 P.M.), National Orthopædic (10 A.M.), St. Peter's (2 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Gt. Ormond-street (9.30 A.M.), Gt. Northern Central (2.30 P.M.), Westminster (2 P.M.), Metropolitan (2.30 P.M.), London Throat (9.30 A.M.), Cancer (2 P.M.), Throat, Golden-square (9.30 A.M.), Guy's (1.30 P.M.).

THURSDAY (9th).—St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), University College (2 P.M.), Charing Cross (3 P.M.), St. George's (1 P.M.), London (2 P.M.), King's College (2 P.M.), Middlesex (1.30 P.M.), St. Mary's (2.30 P.M.), Soho-square (2 P.M.), North-West London (2 P.M.), Gt. Northern Central (Gynæcological, 2.30 P.M.), Metropolitan (2.30 P.M.), London Throat (9.30 A.M.), St. Mark's (2 P.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.), Guy's (1.30 P.M.).

FRIDAY (10th).—London (2 P.M.), St. Bartholomew's (1.30 P.M.), St. Thomas's (3.30 P.M.), Guy's (1.30 P.M.), Middlesex (1.30 P.M.), Charing Cross (3 P.M.), St. George's (1 P.M.), King's College (2 P.M.), St. Mary's (2 P.M.), Ophthalmic (10 A.M.), Cancer (2 P.M.), Chelsea (2 P.M.), Gt. Northern Central (2.30 P.M.), West London (2.30 P.M.), London Throat (9.30 A.M.), Samaritan (9.30 A.M. and 2.30 P.M.), Throat, Golden-square (9.30 A.M.), City Orthopædic (2.30 P.M.), Soho-square (2 P.M.).

SATURDAY (11th).—Royal Free (9 A.M.), London (2 P.M.), Middlesex (1.30 P.M.), St. Thomas's (2 P.M.), University College (9.15 A.M.), Charing Cross (2 P.M.), St. George's (1 P.M.), St. Mary's (10 P.M.). Throat, Golden-square (9.30 A.M.), Guy's (1.30 P.M.).

At the Royal Eye Hospital (2 P.M.), the Royal London Ophthalmic (10 A.M.), the Royal Westminster Ophthalmic (1.30 P.M.), and the Central London Ophthalmic Hospitals operations are performed daily.

SOCIETIES.

WEDNESDAY (8th).—DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos-street, Cavendish-square, W.).—5.15 P.M. Demonstration of Cases of Interest.

THURSDAY (9th).—SOUTH-WEST LONDON MEDICAL SOCIETY (Municipal Buildings, Lavender-hill, Clapham Junction).—8.45 P.M. Dr. W. H. Allchin: Some Special Features of Diseases of the Colon. (Bolingbroke Lecture.)

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos-street, Cavendish-square, W.).—8 P.M. Specimens will be shown by Dr. L. Werner, Mr. R. R. Henderson, and Mr. G. W. Roll. 8.30 P.M. Papers:—Mr. S. Snell: Brief Notes on (1) Optic Atrophy in a Youth (file cutter) from Lead; (2) Optic Atrophy after Uterine Hæmorrhage; (3) Glioma, Two Cases in One Family—One in each Eye; and (4) Glioma in each Eye, both Enucleated.—Mr. S. Mayou: On Microphthalmos (Three Eyes).

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover-square, W.).—8 P.M. Specimens will be shown by Mr. B. Jessett. Paper:—Mr. S. Bishop: On the Prevention of Post Operative Ventral Hernia.

LECTURES, ADDRESSES, DEMONSTRATIONS, &c.

MONDAY (6th).—MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies-street, W.C.).—4 P.M. Dr. E. G. Little: Clinique. (Skin.) 5.15 P.M. Mr. L. A. Bidwell: The Treatment of Malignant Disease of the Large Intestine.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith-road, W.).—5 P.M. Mr. Baldwin: Practical Surgery.

ST. PETER'S HOSPITAL (Henrietta-street, Covent Garden).—3.30 P.M. Mr. R. Harrison: Cases in the Wards.

TUESDAY (7th).—ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 P.M. Dr. J. R. Bradford: Bright's Disease and its Varieties. (Croonian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies-street, W.C.).—4 P.M. Dr. L. Williams: Clinique. (Medical.) 5.15 P.M. Dr. H. Tilley: Epistaxis, its Causation and Treatment.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith-road, W.).—5 P.M. Dr. Moullin: Pelvic Hæmorrhage.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Queen-square, Bloomsbury, W.C.).—3.30 P.M. Dr. J. Taylor: Some Forms of Paralysis in Children.

WEDNESDAY (8th).—MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies-street, W.C.).—4 P.M. Mr. R. Harrison: Clinique. (Surgical.) 5.15 P.M. Mr. T. Collins: On Affections of the Eyelids.

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith-road, W.).—5 P.M. Dr. Russell: Dyspepsia.

UNIVERSITY COLLEGE (University of London) (Physiological Theatre).—5 P.M. Dr. W. P. May: Advanced Lectures on the Tracts of the Brain—Lecture VI.: Basal Ganglia. Thalamus and Corpus Striatum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (Brompton).—4 P.M. Dr. H. B. Shaw: The Diastolic Murmurs of High Tension in the Pulmonary Artery.

NORTH-EAST LONDON POST-GRADUATE COLLEGE (Tottenham Hospital, N.).—4.30 P.M. Dr. G. N. Meachen: Some Common Affections of the Scalp.

THURSDAY (9th).—ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 P.M. Dr. J. R. Bradford: Bright's Disease and its Varieties. (Croonian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies-street, W.C.).—4 P.M. Mr. Hutchinson: Clinique. (Surgical.) 5.15 P.M. Mr. M. Gunn: Glaucoma.

POST-GRADUATE COLLEGE (Hanwell Asylum).—4 P.M. Dr. R. H. Cole: Insanity and the Neuroses.

CHARING CROSS HOSPITAL.—4 P.M. Dr. Galloway: Demonstration of Dermatological Cases. (Post-Graduate Course.)

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy-square, W.).—5 P.M. Dr. G. Johnston: Nervous Affections of the Heart. (Post-Graduate Course.)

THE HOSPITAL FOR SICK CHILDREN (Gt. Ormond-street, W.C.).—4 P.M. Mr. Colyer: Demonstration of Dental Cases.

ST. PETER'S HOSPITAL (Henrietta-street, Covent Garden.)—3.30 P.M. Mr. J. Pardoe: Electric Illumination of the Urethra and Bladder (Urethroscopy, Cystoscopy).

SAMARITAN FREE HOSPITAL FOR WOMEN (Marylebone-road, N.W.).—3 P.M. Dr. Lockyer: Pelvic Hæmatocele and Hæmatoma.

FRIDAY (10th).—MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies-street, W.C.).—4 P.M. Dr. St Clair Thomson: Clinique. (Throat.)

POST-GRADUATE COLLEGE (West London Hospital, Hammersmith-road, W.).—5 P.M. Dr. R. J. Reece: Typhus Fever.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Queen-square, Bloomsbury, W.C.).—3.30 P.M. Dr. J. Taylor: Sclerotic Diseases of Spinal Cord.

EDITORIAL NOTICES.

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It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this office.

Lectures, original articles, and reports should be written on one side of the paper only, AND WHEN ACCOMPANIED BY BLOCKS IT IS REQUESTED THAT THE NAME OF THE AUTHOR, AND IF POSSIBLE OF THE ARTICLE, SHOULD BE WRITTEN ON THE BLOCKS TO FACILITATE IDENTIFICATION.

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We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale and advertising departments of THE LANCET *should be addressed "To the Manager."*

We cannot undertake to return MSS. not used.

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METEOROLOGICAL READINGS

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, June 2nd, 1904.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Rainfall.	Solar Radiation in Vacuo.	Maximum Temp. Shade.	Min. Temp.	Wet Bulb.	Dry Bulb.	Remarks at 8.30 A.M.
May 27	29·81	N.E.	...	109	69	62	63	66	Overcast
,, 28	30·03	S.W.	0·19	77	64	56	56	57	Overcast
,, 29	30·11	W.	...	114	71	57	57	61	Fine
,, 30	30·05	S.E.	0·01	109	69	55	55	56	Raining
,, 31	29·83	S.W.	0·07	67	62	56	61	62	Raining
June 1	29·83	S.	0·48	107	65	53	54	55	Raining
,, 2	30·04	N.W.	0·25	87	58	52	57	58	Cloudy

During the week marked copies of the following newspapers have been received:—*Edinburgh Evening News, Hull Daily News, Birmingham Daily Mail, Belfast News, Dublin Independent, Blackburn Telegraph, Pall Mall Gazette, Cork Constitution, Cork Herald, Bristol Mercury, Westminster Gazette, Hereford Times, Sanitary Record, Army and Navy Gazette, Gloucestershire Chronicle, Western Mail (Cardiff), South Wales Daily News, Cardiff Express, Standard, &c.*

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THE LANCET

SPECIAL SUPPLEMENT

IN SUPPORT OF THE

METROPOLITAN HOSPITAL SUNDAY FUND

Published in aid of the Appeal to be made on Sunday, June 12th, 1904.

"Our part is to choose out the most deserving objects and the most likely to answer the ends of our charity; and when this is done all is done that lies in our power. The rest must be left to Providence."

BISHOP ATTERBURY.

ONCE more the time has come round for us to make our Annual Appeal on behalf of the Metropolitan Hospital Sunday Fund, and as usual we address a wider public than that by which the pages of THE LANCET are usually read.

The suffering poor of London, and those who with difficulty carry on the hospitals of London in order to afford them relief in time of injury or disease, owe a heavy debt of gratitude to the congregations attending the various places of worship in the metropolitan district on Hospital Sunday, and to all other contributors who have made the Fund what it is. Since 1873 their gift has amounted to something over a million and a quarter sterling; an average has been established during the past few years of which those who inaugurated the Fund and those who now organise it have every reason to be proud, and in each of the last two years all previous records have been exceeded. But if the amounts raised in recent years have been satisfactory, and have on two other occasions doubled some of the modest totals which were attained soon after the inauguration of the Fund in the "seventies," the effort required in order to keep them at this high level, and, if possible, to maintain the same rate of progress, is greater, and the anxiety lest there should be a falling off presses heavily not only upon those who collect and distribute the amount obtained but upon the hospitals who receive it. It is in no spirit of selfish eagerness to acquire credit that those who organise the Fund desire that its annual total should be no lower than on previous occasions; it is because they know that every sovereign that can be obtained is needed, and that any falling off, whether small or great, must be felt in direct loss of efficiency by the hospitals.

We urge no new reason each year for giving: we claim no originality for our reiterated Appeal. It is the old story of the poverty of the poor, and of the suffering of the sick and injured in a huge city where poverty and suffering ever dwell side by side with wealth and luxury. In the great army of our workers there must always be some ready to fall by the way, who, when their physical health fails, can never hope to regain their place in the ranks until health is restored to them. It is on behalf of these that we urge our Appeal for the hospitals. We urge it upon all because poverty and sickness know no distinction of creed and fall alike upon the worthy and upon the undeserving, and we ask it of rich and poor because all can help according to their power, and because in a population of something like five millions the small gifts of the less wealthy will amount to a goodly sum if all can be stimulated to contribute. In 1904 we urge the necessity of a special effort because there appears to us to be a danger lest without it there may be some diminution owing to special circumstances to which we will refer. We urge it not because we can promise to those who give any direct manifestation of gratitude on the part of those who receive, but because they will have as their reward the consciousness of a good act performed, and of the exercise of that kindness which

"like light speaks in the air it gilds."

We have on previous occasions called attention to the necessity that those who annually contribute to the Fund at the places of worship which they attend should not only give themselves, but should do their best that others may not forget, and we venture to reiterate this reminder. Our Appeal is not only to the generosity of the wealthy: it is for the universal contribution of all classes.

The Class succoured by Hospitals.

The institutions for the assistance of which the Metropolitan Hospital Sunday Fund is collected, and to which it is distributed after careful inquiry into the work done by them, open their doors to those only who would otherwise find medical and surgical aid beyond their reach. The great London hospitals recognise neither creed nor character as qualifications for admission to their wards. They do not exclude the vagrant or the otherwise undesirable and undeserving, nor are "previous convictions" entered in the history of their cases. Those, however, who are principally benefited by them are the working poor, suffering temporary incapacity through illness or accidental injury, and it is on their miserable behalf that we most earnestly plead. Those who visit our hospitals and inquire into the life-stories of their inmates find the tramp and the loafer there, no doubt, but such as these generally have resort to the workhouse before they have reached a stage at which medical aid has become a necessity for them; the union infirmary meets their requirements, and it is there that they find their needs attended to. A large proportion of the causes which fill the wards of our hospitals do not affect them. The accidents which crush and maim, and many other matters which require skilled treatment in suitable surroundings, are the direct or indirect result of toil in factory and workshop, in the dockyard, upon the scaffolding, and in the busy turmoil of our crowded streets. Drink and other reasons which to some extent may seem avoidable are no doubt responsible for many cases which receive hospital treatment, but the bulk remain of the indicated character, and all are treated with the same care and kindness. The worker who may be able to keep his family together, with, at any rate, a roof over their heads, and a certain amount of food for their sustenance, can provide no home where they can be treated or nursed when health has failed or an accident has occurred, and to such as these there would be no alternative but death were the hospital not there to receive them. The hospitals are for the poor, without distinction, but it is by the worker in distress and by his helpless wife and children that their aid is most highly prized. The hospital comes to their aid, representing charity of the finest character in its most prepossessing form. It is the charity of those in better circumstances to their poorer brethren, but it is a free gift which is accepted in the day of necessity, without the feeling of any shame or slur attaching to it.

To whom the Appeal is directed.

The Appeal on behalf of the hospitals of London is made to all without distinction of rank or of religion, and without question as to whether the giver be wealthy or not. If he will give according to his power, if only he will not forget to contribute freely as his means may allow, the hospitals will accept his gift with gratitude. The table published herewith, which records the progress of the Metropolitan Hospital Sunday Fund, contains a special list in which are mentioned, under the heading of "Donations," many noble offerings. Contributions of £1,000 are frequent among these; a donation and a legacy of £5,000 each are to be found among them. In 1895 the late Mr. Barney Barnato and his friends raised and gave between them £10,000; in 1901 Sir F. Cook gave £4,000, and for the last five years record is made of the princely generosity of Mr. George Herring, which in 1904 is to be renewed. These are instances taken from a long list of much-appreciated gifts, and those who compare the special donations with the total of the Fund for each year will see how important a proportion they form of the whole. We would invite the wealthy to consider whether such gifts as they may contemplate devoting to charitable purposes during the coming season could be more worthily bestowed than upon the Metropolitan Hospital Sunday Fund. Could they give to any object having greater needs to meet? Could they give in any direction with greater certainty that their gift would be wisely and economically administered, and that its object would be secured by business-like methods and the exercise of scrupulous care?

We would, however, invite those who are not blessed with great worldly affluence also to contemplate and to consider the special donations, and we would point out to them that the gifts of Mr. George Herring for the past three years have amounted to one-quarter of the whole amount contributed by others to the Fund. It may be added that Mr. Herring has been and is willing to increase his gift in the same proportion so as to raise the total to £100,000, should the contributions of others amount to three-quarters of that sum. At present no near approach has been made to the fulfilment of this condition, but even though it may be at present beyond what we can reasonably contemplate, it may still be suggested that the general giver might endeavour to increase his offering, and, above all, to see that the Fund is not forgotten by his friends. The anonymous gifts of the congregations attained a record figure last year; let us hope that this year that record will be exceeded.

The Hospital Sunday Fund does not catch the eye of the passer-by through the agency of collectors at street corners; indeed, the majority of its contributors only have an opportunity to give should they attend some place of religious worship. Hence those who do not attend public worship in London may forget the Fund, and those who do may come

provided with no more than the donation which they devote to the ordinary weekly collection. We would ask those who do not have the opportunity to contribute in person nevertheless not to forget the Fund, and we would press those to whom the collection bag or plate is handed to make Hospital Sunday a special occasion.

We have referred above to public worship in London as if collections for the Metropolitan Hospital Sunday Fund were made in the metropolis only. This is not, strictly speaking, the case; but it is a matter of regret that outside the metropolitan and suburban district a small number only of places of worship hold collections for the hospitals of London, although patients are received in the wards from all parts of the country, and although such a collection affords the only opportunity of contributing which the class immediately benefited is likely to have.

Why a Special Effort is necessary.

There is a necessity for special exertion on behalf of the metropolitan hospitals to which we would direct attention in the present year. This arises from no exceptional feature in the health of the public likely to exhibit itself during 1904-05. It is due rather to causes which are likely to act prejudicially to the Metropolitan Hospital Sunday Fund and to the individual institutions which depend largely upon the generosity of the public for their annual incomes. The effect of the late war is being felt in high taxation, and in the East a war in which this country is happily not involved casts a shadow over the whole of the civilised world. Trade is admittedly not at its best, and many are feeling the effect of reduced incomes from invested capital and of the lessened capital value of securities. In these circumstances it is almost inevitable that charities should suffer to some extent, and it is for this reason that we would urge upon all the necessity for exertion in order that our noblest institutions may not have their efficiency curtailed. With increasing population, with bad times, and with greater need among the working-classes, the demand upon their resources will be greater, not less, than in more prosperous years. Moreover, there is no need to disguise the fact that the hospitals have enemies, although they have many friends. The "anti-vivisectionist" of all the army of "anti" faddists is, no doubt, one of the most amiable and well-meaning persons in private life. We have no desire to upbraid him unduly, or to hold him up to ridicule, even though his methods of controversy do

STATISTICS OF HOSPITAL WORK IN LONDON DURING THE YEAR 1903.

TABLE I.—GENERAL HOSPITALS.*

N.B.—The figures referring to out-patients in these Tables represent the number of VISITS *paid by out-patients—*NOT *the* NUMBER *of out-patients.*

Name of hospital.	Hospital Sunday Fund award.	In-patients.	Relieved.	Cured.	Convalescent homes.	Remaining under treatment.	Died.	Out-patients' visits.	Accidents and emergencies
	£								
Charing-cross	1,083	1,506	870	571	199	133	121	35,923	6,647
French	347	844	78	657	118	58	51	12,923	1,278
German	618	1,883	536	1,048	432	119	131	66,096	2,767
Great Northern Central	1,121	2,081	1,725		146	144	212	70,338	6,407
Guy's	2,275	8,191	6,612		871	511	681	258,964	76,800
Hampstead General	229	357	47	283	22	29	28	7,316	503
Italian	191	669	65	525	60	25	29	40,032	—
King's College	1,538	2,856	879	1,181	201	184	212	50,009	7,734
London	5,847	12,460	10,388		1,750	673	1,279	493,346	21,879
London Homœopathic	549	1,145	340	565	92	81	89	43,289	1,171
Phillips Memorial Homœopathic	30	136	24	109	3	6	3	2,664	—
London Temperance	888	1,376	305	862	30	—	96	24,993	14,524
Metropolitan	953	1,270	264	656	166	92	158	107,633	8,178
Mildmay	314	642	161	286	116	43	37	33,831	6,978
Miller Hospital and Royal Kent Dispensary	325	268	45	180	—	19	15	79,182	7,519
North-West London	477	615	143	444	17	43	29	44,465	6,455
Poplar	618	1,188	—	—	47	77	93	25,999	1,662
Queen's Jubilee	152	208	59	225	—	12	9	23,886	1,933
Royal Free	1,300	2,640	2,305		220	149	198	46,609	24,470
St. George's	1,137	4,198	3,650		1,197	296	349	92,916	20,817
SS. John and Elizabeth	276	220	90	34	20	76	30	—	—
St. Mary's	2,600	4,278	1,413	2,017	301	196	363	115,962	19,692
St. Thomas's	292	6,774	5,726		778	435	613	69,111	43,173
Seamen's Hospital Society	1,592	2,501	768	1,567	50	239	165	87,872	—
The Middlesex Hosp. and Convalesc't. Home	2,416	4,918	2,906		979	261	289	114,989	—
Tottenham	390	983	548	280	—	74	131	60,654	10,234
University College	1,798	2,558	606	1,377	333	156	245	45,745	34,146
Walthamstow, &c.	92	586	19	496	—	27	34	5,000	200
West Ham	563	1,036	629	292	8	47	68	88,468	9,142
West London	1,170	2,217	1,973		—	77	167	101,033	8,477
Westminster	1,452	2,681	1,867		398	159	257	61,000	11,350
Estimated to supply omissions	£32,941 —	73,280 —	7,979 15,488	13,578 23,309	8,554 —	4,440 —	6,119 —	2,310,235 —	352,533 15,016
Total	£32,941	73,280	23,467	36,887	8,554	4,440	6,119	2,310,235	367,549

* We reproduce the term "General Hospitals" as employed by the Council of the Metropolitan Hospital Sunday Fund.

not commend themselves to us by scrupulous fairness or by a temperate and candid acknowledgment of facts. He is, however, entitled to hold his opinions as long as they do not prejudicially affect his helpless neighbours. If on the ground that alter views which possibly afford him satisfaction; we do, however, protest against his endeavouring to persuade other persons not to give. Moreover, we do not conceal from ourselves the fact that "the anti-vivisectionist," in spite of the general good sense of

TABLE II.—SPECIAL HOSPITALS.

Name of hospital.	Hospital Sunday Fund award.	In-patients.	Relieved.	Cured.	Convalescent homes.	Remaining under treatment.	Died.	Out-patients' visits.	Accidents and emergencies
	£								
City of London for Diseases of Chest	1,105	1,259	1,176		—	120	32	63,079	—
Hospital for Consumption	1,723	1,721	1,264		—	316	141	63,508	—
Mount Vernon	730	960			—	115	12	28,500	—
Royal Hospital for Diseases of Chest	486	788	656		45	70	62	27,313	—
Royal National Hosp. for Consumption	379	706	678	—	—	154	30	—	—
Alexandra Hospital for Hip Disease	302	169	—	61	7	93	2	2,150	—
Banstead Surgical Home	27	151	43	62	—	21	—	—	—
Barnet Home Hospital	49	44	26	—	—	13	—	—	—
Belgrave Hospital for Children	114	—	—	—	—	—	—	—	—
Cheyne for Incurable ,,	119	77	4	10	9	50	9	—	—
East Lond. Hosp. for ,,	932	1,723	546	905	375	99	322	94,228	4,074
Evelina Hosp. for Sick ,,	217	668	459		28	55	125	24,757	10,602
Home for Incurable ,,	81	35	—	—	—	25	4	—	—
Home for Sick ,,	141	245	—	—	111	48	7	4,475	75
Hospital for Sick ,,	975	2,408	824	1,055	303	159	334	117,263	—
North-East. Hosp. for ,,	390	989	135	590	75	110	90	61,383	5,316
Paddington-green for ,,	228	654	539		159	41	74	50,155	1,079
St. Mary's for ,,	284	588	80	410	20	26	56	59,043	12,614
St. Monica's for ,,	87	96	—	—	—	23	4	—	—
Victoria Hospital for ,,	477	908	463		180	33	60	61,298	603
Victoria Home, Margate	49	76	36	40	—	36	3	—	—
Hospital for Hip Disease	49	—	—	—	—	—	—	—	—
British Lying-in Hospital	16	435	435	—	3	23	—	5,980	—
City of London Lying-in	100	608	—	606	7	20	2	17,205	—
Clapham Maternity	22	443	—	—	—	—	—	8,300	—
East-end Mothers' Home	76	344	343		—	31	1	4,910	—
General Lying-in	32	556	—	—	28	—	3	14,527	—
Queen Charlotte's Lying-in	477	1,444	—	—	118	—	7	14,196	—
Chelsea Hospital for Women	379	774	616		180	32	13	10,607	—
Hospital for Women	130	850	238	500	88	54	17	17,103	—
Grosvenor Hosp. for Women and Children	162	232	77	146	—	18	7	15,948	—
New Hospital for Women	325	612	—	—	—	45	26	35,122	—
Royal Hosp. for Children and Women	217	192	44	127	—	12	21	46,800	—
Samaritan Free	450	573	160	357	30	39	14	18,660	—
Cancer	325	711	621		41	70	106	17,242	—
Middlesex (Cancer Wing)	325	156	—	—	—	45	85	674	—
London Fever	758	459	—	400	—	32	7	—	—
Gordon for Fistula	22	305	16	272	—	11	3	4,760	—
St. Mark's	130	464	75	349	—	24	2	6,343	—
National for Diseases of Heart, &c.	87	153	142	6	—	24	14	17,085	—
Female Lock	237	641	—	—	2	95	1	—	—
Hospital for Epilepsy, &c.	32	11	—	—	—	11	—	11,711	—
National for the Paralysed, &c.	1,148	1,023	454	211	154	192	41	39,757	—
West-End for Nervous System	217	200	235	54	—	44	1	51,279	—
Central London Ophthalmic	184	385	357		7	12	1	30,923	250
Royal Eye	314	677	649	646	—	28	2	73,741	2,113
Royal London Ophthalmic	943	2,122	—	—	11	83	8	121,038	1,705
Royal Westminster ,,	184	743	720		—	13	—	35,211	—
Western ,,	54	269	120	113	—	7	—	31,173	—
City Orthopædic	235	—	—	—	—	—	—	—	—
National ,,	179	246	—	—	—	60	—	4,349	—
Royal ,,	81	271	100	57	13	42	—	4,849	—
Royal Sea Bathing Hospital	325	658	278	77	—	128	11	—	—
St. John's Hospital for Diseases of Skin	54	238	—	—	—	29	—	35,911	—
St. Peter's for Stone	92	536	503		—	25	29	46,001	—
Central London Throat and Ear	54	417	129	271	4	10	2	49,166	—
Hospital for Diseases of Throat	108	791	176	578	11	22	4	46,115	7
London Throat	32	732	732		—	2	2	16,419	—
Metropolitan Ear and Nose	—	237	—	—	—	—	1	7,289	—
Royal Ear	11	269	269		—	—	—	7,269	—
Dental	195	—	—	—	—	—	—	68,423	—
National Dental	43	—	—	—	—	—	—	28,579	—
Estimated to supply omissions	£17,807	33,581	5,915	7,928	2,026	2,901	1,849	1,612,434	38,435
	—	609	6,094	9,298	202	157	32	18,848	151
Total	£17,807	34,190	12,009	17,226	2,228	3,058	1,881	1,631,282	38,586

experiments upon animals are made in the laboratories and medical schools of our hospitals he prefers not to contribute to the Metropolitan Hospital Sunday Fund, we would scarcely even urge him to the English nation, has some effect upon the subscription lists of our hospitals. Every sovereign diverted by such an agency is reason for extra exertion on the part of others in order that the

poor may not suffer in proportion to the loss inflicted.

One class of attack the givers to the Metropolitan Hospital Sunday Fund can at all events feel that they are directly helping to repel. Every now and then prominence is given in the newspapers to the fact that a case, the serious nature of which was not possibly damages it in the eyes of the public. That in any hospital no bed is available upon a given occasion is due to the fact that the hospital has already opened its doors as wide as its straitened means will permit. Enlarge those means, increase the number of its beds, and, although it is unlikely that the supply will meet the demand, at any rate

TABLE III.—COTTAGE HOSPITALS AND CONVALESCENT HOMES.

Name of hospital.	Hospital Sunday Fund award.	In-patients.	Relieved.	Cured.	Convalescent homes.	Remaining under treatment.	Died.	Out-patients' visits.	Accidents and emergencies
	£								
Metropolitan Convalescent (Walton)	704	4,479	1,462	2,848	—	115	4	—	—
" " (Bexhill)	379	2,484	705	1,627	—	41	1	—	—
All Saints "	422	3,446	1,242	2,043	—	103	5	—	—
Ascot Priory "	70	257	80	165	—	4	1	—	—
Barnet, Osmaston "	49	168	—	—	—	—	—	—	—
Brentwood "	13	92	—	—	—	—	—	—	—
Charing Cross Hospital Convalescent	160	390	390		—	18	—	—	—
Chelsea Hospital for Women Convalescent	45	277	277		—	16	—	—	—
Deptford Medical Mission Convalescent	32	—	—	—	—	—	—	—	—
Mrs. Gladstone's Convalescent	65	504	—	—	—	—	2	—	—
Friendly Societies "	76	—	—	—	—	—	—	—	—
Hahnemann "	49	171	125	8	—	28	1	4,593	—
Hanwell "	22	106	—	—	—	15	—	—	—
Herbert "	22	490	240	176	—	50	—	—	—
Herne Bay (Baldwin-Brown) Convalescent	32	365	—	—	—	—	—	—	—
Homœopathic Hospital Convalescent	22	175	—	—	—	—	—	—	—
King's College Hospital Convalescent	70	325	100	209	—	9	—	—	—
Mrs. Kitto's Convalescent	65	345	—	—	—	—	—	—	—
Mary Wardell "	97	188	—	—	—	18	—	—	—
Morley House "	190	1,102	—	—	—	65	4	—	—
Police Seaside Home	60	636	636		—	8	—	—	—
St. Andrew's (Clewer) Convalescent	120	570	—	—	—	64	2	—	—
Do. (Folkestone) "	195	2,125	—	—	—	71	—	—	—
St. John's Home for Convalescent Children	38	395	—	—	—	—	—	—	—
St. Joseph's Convalescent	70	633	461	142	—	57	5	—	—
St. Leonards-on-Sea "	87	810	—	—	—	—	1	—	—
St. Mary's "	22	104	—	—	—	7	1	—	—
St. Michael's "	38	269	261	—	—	—	—	—	—
Seaside "	108	—	—	—	—	—	—	—	—
Richmond House	27	147	—	—	—	—	3	—	—
Acton Cottage Hospital	76	911	14	679	—	6	12	—	779
Beckenham Cottage Hospital	87	239	18	202	—	10	9	275	26
Blackheath and Charlton Cottage Hospital	87	162	38	111	7	14	8	3,236	8
Bromley, Kent, "	130	399	27	206	15	15	21	—	118
Bushey Heath "	49	115	18	74	—	7	7	162	—
Canning Town "	64	133	41	73	40	8	7	14,257	398
Chislehurst, Sidcup, &c. "	87	—	—	—	—	—	—	—	—
Coldash "	19	72	25	21	—	20	—	—	—
Eltham "	65	174	12	140	2	7	9	—	7
Enfield "	76	169	20	140	—	12	7	—	21
Epsom and Ewell "	70	106	14	49	17	9	2	—	7
Hounslow "	49	—	—	—	—	—	—	—	—
Livingstone "	97	154	16	119	—	11	8	—	46
Mildmay "	33	140	18	104	4	19	5	—	—
Reigate and Redhill "	125	401	36	326	—	18	13	—	45
Sidcup "	32	144	20	102	5	7	10	211	64
Tilbury (Passmore Edwards) "	32	—	—	—	—	—	—	—	—
Willesden "	141	243	29	177	8	18	19	—	81
Wimbledon "	65	159	37	111	—	6	4	—	—
Woolwich and Plumstead "	60	81	25	30	10	10	6	—	16
Bolingbroke Hospital	249	579	8	489	—	22	43	28,553	488
Hospital for Invalid Gentlewomen	119	164	16	134	—	10	4	—	—
St. Saviour's Hospital and Nursing Home	120	138	50	78	—	15	6	—	—
National Sanatorium for Consumption	97	225	—	—	—	72	2	—	—
Invalid Asylum	49	190	52	110	10	16	2	—	—
Firs Home	22	—	—	—	—	—	—	—	—
St. Catherine's Home	27	51	27	—	—	10	5	—	—
Friedenheim Hospital for the Dying	325	150	16	—	—	38	98	—	—
Oxygen Home	38	—	—	—	—	—	—	—	—
Santa Claus Home	60	57	34	—	—	20	—	—	—
St. John's Hospital	162	258	35	152	30	26	21	—	16
Home for Consumptive Females	—	—	—	—	—	—	—	—	—
Estimated to supply omissions	£6,020 —	27,317 2,429	5,423 4,200	11,006 7,169	146 —	1,120 263	358 35	51,287 3,270	2,080 261
Total	£6,020	29,746	9,623	18,174	146	1,383	393	54,557	2,341

recognised, was refused admission to a hospital because all the available beds were full. It is possible that this may be made public in the course of an inquest at which the hospital is not represented. A coroner's jury, ignorant of the true state of the case, is allowed to make observations with reference to the management of the hospital, and the powers of the institution for dealing with unforeseen emergency will be increased correspondingly.

The Gain to the Giver.

Let no one who gives to the hospitals, or who ponders whether he shall do so or not, think for a moment that the poor are not grateful for the aid

afforded, or that the help is not real. Two years ago, in our Supplement, we recorded the words of patients spoken in the wards to our Special Commissioner. The patients were invited to mention the circumstances in which they lived and the cause of their presence in the institution. Prominent among the cases noted were those of strangulated hernia: a condition which, as all know, may occur, without any accident in the ordinary sense taking place, to any working man or woman, and which must end fatally if the operation necessary to reduce it be not performed at once. Three or four were cases of cancer, two were of ruptured spleen, another patient, a child, had been operated on for an appendicitic abscess. What chance of life would these have had had the hospital

TABLE IV.—DISPENSARIES.

Name of dispensary.	Hospital Sunday Fund award.	Out-patients' visits.
Battersea Provident	£92	154,000
Billingsgate Medical Mission	22	9,943
Blackfriars Provident	22	6,028
Bloomsbury ,,	14	5,727
Brixton, &c. ,,	56	26,706
Brompton Provident	17	4,949
Camberwell ,,	66	96,318
Camden Town ,,	14	8,224
Chelsea, Brompton, and Belgrave	58	15,090
Chelsea Provident	13	3,041
Child's Hill Provident	13	5,347
City ,,	54	21,986
City of London and East London	16	95,115
Clapham General and Provident	24	14,215
Deptford Medical Mission	24	5,072
Eastern ,,	33	21,481
East Dulwich Provident	28	21,588
Farringdon General	43	12,986
Finsbury ,,	49	20,669
Forest Hill ,,	43	5,223
Greenwich Provident	27	14,250
Hackney ,,	13	9,960
Hampstead ,,	43	—
Holloway and North Islington	54	20,452
Islington ,,	60	65,269
Kensal-town Provident	11	5,457
Kensington ,,	31	13,889
Kilburn, Maida-vale, and St. John's-wood	43	—
Kilburn Provident Medical Institution	23	—
London ,,	17	—
London Medical Mission	108	39,154
Metropolitan ,,	56	30,307
Notting-hill Provident	14	4,111
Paddington ,,	33	7,449
Portland-town ,,	22	3,186
Public ,,	42	10,441
Queen Adelaide's ,,	29	17,193
Royal General ,,	27	—
Royal Pimlico Provident	54	—
Royal South London ,,	93	14,856
St. George's and St. James's ,,	54	4,356
St. George's (Hanover-square) Provident	33	3,479
St. John's-wood Provident	46	27,185
St. Marylebone General ,,	41	14,408
St. Pancras and Northern ,,	35	—
South Lambeth, Stockwell, & North Brixton	43	11,814
Stamford-hill, Stoke Newington, &c. ,,	65	41,237
Tower Hamlets ,,	49	11,058
Walworth Provident ,,	16	5,998
Wandsworth-common Provident ,,	11	5,765
Westbourne Provident	16	6,965
Western ,,	60	27,022
Western General ,,	135	26,000
Westminster General ,,	41	36,440
Whitechapel Provident ,,	28	23,117
Woolwich ,,	20	10,000
Estimated to supply omissions ...	£2,218	1,068,065
	—	150,573
Total ...	£2,218	1,218,638

PROGRESS OF THE METROPOLITAN HOSPITAL SUNDAY FUND.

Year.	Totals.	Donations.	Year.	Totals.	Donations.
1873	£27,700	£1844	1889	£41,744	£3482
1874	29,936	1505	1890	42,814	3991 [5]
1875	26,396	1424	1891	45,330	9019 [6]
1876	27,042	1339	1892	41,512	4429 [7]
1877	28,062	947	1893	39,290	3652 [8]
1878	24,904	1199	1894	43,679	7717 [9]
1879	26,501	1120	1895	60,361	21,980 [10]
1880	30,323	1567	1896	46,035	3582 [11]
1881	31,856	1638	1897	41,063	2361 [12]
1882	34,146	2106	1898	40,397	2817 [13]
1883	33,935	1980	1899	53,504	15,310 [14]
1884	39,329	6410 [1]	1900	51,993	14,657 [15]
1885	34,320	2556 [2]	1901	54,731	18,343 [16]
1886	40,399	4817 [3]	1902	62,669	16,307 [17]
1887	40,607	4130 [4]	1903	64,975	15,766 [18]
1888	40,379	3080			

[1] In 1884 £4500 was received from the managers of the International Health Exhibition.

[2] In 1885 a special donation of £1000 was received from Dr. James Wakley, Editor of THE LANCET.

[3] In 1886 a further special donation of £1000 was received from Dr. James Wakley.

[4] In 1887 a legacy of £1000 was paid by the executors of the late Dr. James Wakley.

[5] Including legacy of £1003 14s. from the executors of the late Mr. Thomas Crouch.

[6] In 1891 donations of £5000 from the late Duke of Cleveland, &c., and £1000 from Sir Savile Crossley, Bart., were received.

[7] In 1892 Sir Savile Crossley gave a further £1000; and a legacy of £105 was paid by the executors of the late Dr. H. B. Price of Brighton.

[8] In 1893 Sir Savile Crossley gave a further donation of £1000.

[9] In 1894 a legacy of £5000 (less duty) was paid by the executors of the late Mr. W. J. Whitaker, and Sir Savile Crossley gave a further donation of £1000.

[10] In 1895 Messrs. Barnato and Friends gave a donation of £10,000; £3400 was received from the Stock Exchange through Messrs. Pym, Vaughan, and Co., and Messrs. Burdett and Harris; Lord Iveagh gave a donation of £1000; Sir Savile Crossley gave a further donation of £1000; and Mr. J. B. Robinson gave £1000.

[11] In 1896 Sir Savile Crossley gave his sixth donation of £1000, and legacies were received from Mr. John Smith of £500 and Mrs. May Evans of £172 9s. 4d.

[12] In 1897 Sir Savile Crossley gave his seventh donation, amounting this year to £500.

[13] In 1898 Sir Savile Crossley gave his eighth donation, amounting this year to £500.

[14] In 1899 Mr. George Herring gave £10,000; Mr. J. Lane Densham gave £1050; and Sir Savile Crossley gave his ninth donation of £500.

[15] In 1900 Mr. George Herring gave a further donation of £10,000; and Sir Savile Crossley gave his tenth donation of £500. An anonymous donor, "F. H.," gave £1000; and £1090 were received from the estate of the late Thomas King.

[16] In 1901 Mr. George Herring gave a further donation of £10,000, and Sir F. Cook, Bart., M.P., gave a donation of £4000.

[17] In 1902 Mr. George Herring gave a further donation amounting to £11,575, and Mr. Charles Morrison gave a donation of £1000.

[18] In 1903 Mr. George Herring gave a further donation amounting to £12,302.

SUMMARY OF TABLES.

——	Hospital Sunday Fund award.	In-patients.	Relieved.	Cured.	Convalescent homes.	Remaining under treatment.	Died.	Out-patients' visits.	Accidents and emergencies
General Hospitals	£32,341	73,280	23,467	36,827	8,554	4,440	6,119	2,310,735	367,549
Special Hospitals	17,807	34,190	12,009	17,216	2,228	3,068	1,881	1,631,282	38,586
Cottage Hospitals and Convalescent Homes	6,030	29,746	9,623	13,174	146	1,383	393	54,557	2,341
Dispensaries	2,218	—	—	—	—	—	—	1,218,638	—
Total	£58,396	137,216	45,099	72,227	10,928	8,891	8,393	5,214,712	408,476

not been there to receive them? What chance of successful operation or of nursing could they have had in the crowded and insanitary homes in which the congested conditions of life and labour in London compel the poor to live? As it was, they not only had their lives preserved and their health restored exactly as though they had boundless financial resources at their command, but in those cases where the nature of the injury demanded instant operation they gained by the fact that it was performed in the best possible surroundings without delay. One of those interviewed appraised the aid that he had received in rather quaint fashion to our Commissioner. He was an elderly Hebrew, who had been brought to the hospital very collapsed, suffering from a strangulated hernia, and after an operation which had lasted over an hour his life had been saved. Speaking of what had been done for him, he repeated earnestly several times, "I could not have had anything better, not for five pounds; no, not for five pounds, and it was all free." It would have surprised him had he been told the fees which would have adequately rewarded the surgical skill and nursing provided for him had he been in a position to afford payment, but five pounds was the figure selected by him as a sum of unimaginable magnitude in order to express his gratitude in appropriate terms. In the Supplement referred to were quoted the words of another patient who was being slowly nursed back to life and strength after the operation entailed by a fractured pelvis and a ruptured bladder; he said, "Not the King of the country could have had better care than I have had." If His Majesty the King met with the accident which this dock labourer met with, his chances of life would lie in the immediate as well as efficient aid which hospital practice alone would enable his surgeons to supply.

An Appeal to those who might forget.

There is an increasing prevalence of the custom of week-end parties in country houses and of week-end absence from London on the part of those who normally inhabit it. To this may be added the fact that many who work during the week seek recreation on Sunday and perhaps attend no place of worship at all. It is not the duty of THE LANCET to do more than record the facts, though their significance does not escape us. Upon all of these we would urge that they should not forget their poorer brethren. The health and strength which they spend in enjoyment, or seek in leisure, are to many working-men absolutely necessary if life is to be lived at all. It is by their earnings from work, for which health and physical strength are essential, that they support themselves and their families.

Many patients in our hospitals are children, but it is not merely for the sake of the enjoyment of childhood's games that they seek restoration to health. It is because they will have to face early the stern necessities of life in spheres of labour in which bodily soundness is of primary importance. The able-bodied worker, of whatever degree, should feel a bond of sympathy between himself and his fellow-worker laid by in the hospital, and should not be niggardly in his gift. Many, no doubt, now fail to contribute, not because they are not generous, but because the matter is not brought to their minds. They should not be allowed to forget.

These pages will be in the hands of many readers on the Sunday before the day upon which the Fund is actually collected, and they are urged in the interval to levy alms from all those who will not be present to give in person, and to bring them to the place of worship which they themselves attend.

An Appeal to the Young.

We have spoken of the vast population of London, of the importance that all should give, however small their offering, and of the part which those may play who remind others of the needs of the Fund. None can play the part of collectors better than can children, and none should bear greater goodwill towards the hospitals than the young. Most children know something of sickness and of pain. Their knowledge may be limited to the endurance of the ordinary ailments of childhood made as light for them as the loving care of parents in luxurious homes can make the necessary discomfort and confinement. On the other hand, they may in similar circumstances have borne real suffering. In any case they will be able to realise to some extent—for children have imaginations as well as their elders—what pain and suffering might be in "homes" where there is nothing that is worthy of the name, where there is no one to tend the sick with kindness, and where, in the crowded garret, there is neither food nor bed that can be faced without loathing and disgust. They will be able to realise to some extent also, even if they have not been there to see, what the hospitals are to sick and injured children, when they are told that small boys and girls who have come in to be made well see themselves growing better with sorrow, knowing that to do so brings them nearer to the day when they must return "home."

The young can understand as well as their elders that to maintain the children's wards in our hospitals money is needed. They need not fear to contribute what may seem insignificant donations. If they give what they can, even though it causes them a little trouble and a little self-denial to do so, they can be sure that their help will be welcomed by those who most truly require it.

Conclusion.

In concluding our Appeal on behalf of the Metropolitan Hospital Sunday Fund for 1904 we would urge its claims upon all classes of givers for the same reasons upon which we have based our Appeal in the past; but we would lay stress upon the additional need for their generosity which is to be found each year in the ever-growing population of London, and in the increasing claims upon the hospitals from all parts of the United Kingdom.

The benevolent of all classes, of all religious creeds, and of all degrees of wealth, should give readily and generously to a Fund which is for the benefit of their poor and suffering brethren. These are relieved without regard to class or creed, solely on the ground that they are poor and suffering, and it is the universal duty to assist them.

The benevolent of all degrees of wealth, moreover, should remember that it is the skill and knowledge acquired and fostered in hospitals which come to their aid in time of need, and that the hospitals do not close their doors to them, whatever their wealth, when the street accident or other pressing cause requires that they should be tended without delay. The class which is succoured by the hospitals also should not forget them; very few, or comparatively few, are so poor that some pence cannot be spared in the course of the year as easily for a gift to the hospitals as for a pint of beer or an ounce of tobacco.

A special effort is being made in 1904 in order that the record of 1903 may be surpassed, and that the steady progress of the Fund may be maintained. None must be allowed to forget it who does not happen to attend public worship on that day when the collection is made. It is levied in many suburban churches and chapels, and in some districts more remote from London, but its extension to congregations who have not hitherto contributed is much needed. We showed in our Supplement last year that the London hospitals afford treatment to country patients to an extent varying from 7 to 30 per cent. of their total accommodation. This should afford a powerful argument to be used in many country pulpits.

To all we appeal for that exercise of self-denial which makes the gift a blessing to the giver. We appeal in the name of those who will never meet their benefactors to thank them face to face, but whose gratitude will be none the less real towards unknown friends who have helped them in their need.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

Amounts received and disbursed in the year 1903.

Dr. — RECEIPTS *for the year ending 31st October, 1903.*

1903.	£	s.	d.	£	s.	d.
To Balance at Bank of England, 1st Nov., 1902	1,910	6	10			
,, Balance in hands of Secretary	23	16	11			
				1,934	3	9
,, Collections made at Sundry Places of Worship	49,209	2	11			
,, Collections at Schools	22	10	4			
,, Donations	14,175	2	8			
,, Donations for Surgical Appliances	8	8	0			
,, Dividend on £224 15s. 2d. Consols	5	11	6			
,, Interest on Deposit	82	14	9			
,, One year's interest on Legacy of £10,000 from the late Herbert Lloyd	281	16	7			
,, Dividend on £45,346 1s. 3d. 2½ Consols, per Executors to the Will of W. A. Gueadon, deceased	1,190	6	8			
				64,975	13	5
				£66,909	17	2

Cr. — PAYMENTS *for the year ending 31st October, 1903.*

1903.	£	s.	d.	£	s.	d.
By Awards to 142 Hospitals	54,779	6	9			
,, Awards to 11 Institutions	1,233	2	0			
,, Awards to 56 Dispensaries	2,218	13	4			
,, Surgical Appliances	3,281	1	10			
				61,512	3	13
,, Rent	183	0	0			
,, Furniture and Repairs	5	16	0			
,, Fuel, Lighting, and Office Cleaning	27	12	2			
,, Printing and Stationery	197	15	8			
,, Stamps and Postages	122	17	10			
,, Advertisements	298	10	10			
,, Salaries and Gratuities	911	13	10			
,, Pension to late Secretary	250	0	0			
,, Special Appeal	706	16	6			
,, Sundries	3	18	3			
				2,707	1	1
,, Balance at Bank of England, 31st Oct., 1903	2,678	3	1			
,, Balance in hands of Secretary	12	9	1			
				2,690	12	2
				£66,909	17	2

Audited and found correct, this 23rd day of November, 1903.

(Signed) W. H. PANNELL & Co., *Chartered Accountants*, 13, Basinghall-street, E.C.

*** In the preparation of the voluminous statistics of hospital work which have been here digested and exhibited in collected form (and which have been specially supplied to us in response to our applications, and are quite independent of any returns made to the Metropolitan Hospital Sunday Fund Committee), we have been greatly indebted to a large number of secretaries and other officers of the various medical charities of the metropolis. To them we desire, as on many previous occasions, to tender our sincere thanks.—ED. L.

Printed and Published by the REGISTERED PROPRIETORS of THE LANCET, at 423, Strand, W.C., and Nos. 1 and 2, Bedford-street, Strand, adjoining.